PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATI	OF DEATH
----------	-----------	--------------	----------

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City # C. E. E. S. Lown	Nollashueton bounty Hosts. 3 Ward
(li	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry a Adam	If U. S. Veteran, specify WAR
(a) Residence: No. 258 S. Potomac	St., 3 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	February 19th. 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22, / ! HEREBY CERTIFY, Thet I attended deceased from
	tebruary 11th, 1937, to Feb 19th, 1957
6. DATE OF BIRTH (month, day, and year) apr. 23-1917	I lest sew bern elive on February 19, 1937; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et_li-4.eff.m.
19 10 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	appender gangerenous Feb. 137
SAWYER, BOOKKEEPER, etc.	bleute of
9. Industry or business in which work was done, as SILK MILL, Divil Press	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation year)	
La restara	Other Contributary Causes of Importance: Levil 37
12. BIRTHPLACE (city or town) (State or country)	- Lewis was
13, NAME amos H. adams.	
13. NAME and f. adams.	Name of operation appendications Date of Jet 1/1/937
(State or country)	What test confirmed die nosis? Blood Count Was there an eulopsy? No
15. MAIDEN NAME Jessie V. Spryler	23. If death was due to external causes (VIOL ENCE) fill in also the following:
H IS DISTURDED TO THE SECOND STORES	Accident, suicide, or homicide?
[State or country]	Where did injury occur?
my Cousie adams	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE,
17, INFORMANT (Address) Alicentown Mc	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hagessown Oate /2 2 193	Neture of Injury
19, UNDERTAKER Co. M. Suter & Sond.	24. Wes disease or injury in eny way related to occupetion of deceased?
(Address) Hageystoym md.	If so, specify
20. FILEO 2 - 22-, 1937 Charth bowers	(Signed) Oeuder M. D.
Registrar.	(Address) 34 ft. Franklin St. Stag Md.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

il	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

2118

1. PLA	CE OF DEA	ATH			95.7
Cou	ntyWa	shingto	n		Registration Dist. No. 387
Villa	age or City 7 1001	Hagerst	own, and.	(1	No. 453 Park Place St, Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth? yrs. mos. ds.
					3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
2. FUL	L NAME		hn W. A		If U. S. Veteran, specify WAR.
(a)	Residence: No.	453	Park P		St., 9 Ward.
DC	DECNIAL AL	ND STATISTI	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX		OR OR RACE			
Male		White	or Divorce Marr	RRIED, WIDOWED, ED (write the word) ied	21. DATE OF DEATH Feb. 8, 193 7 (Month) (Day) (Year)
THUSBA	ed, widowed, or div	vorcad ary Ann	Adams		22. i HEREBY CERTIFY. Thet I attended deceased from 19, 19, 19
6. DATE OF	BIRTH (month, d	av and veer)	Dec.1	0.1861	I lest saw h A alive on 19 ; death is said to heve occurred on the dete stated above, at 5:45 Pm.
7. AGE	Years	Months	Deys	If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at 5:45Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	75 da, profession, or	1	28	ormin.	ware as follows:
10. Dat	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc			ent in this	acute heart attack
12. BIRTHPLACE (city or town) Frederickburg. Va. (State or country)			rickbur	g. Va.	Other Contributary Canoes of Importanca:
13. NAM	ME J	oseph Ad	ams		
14. BIR	I3. NAME Joseph Adams 14. BIRTHPLACE (city or town) Frederickburg, Va. (Stata or country)			urg, Va.	Neme of operation Dete of What test confirmed diagnosis? Was there an europsy?
프 15. MAI	IDEN NAME	Unknown			23. If death was due to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unknown (State or country)			Unknowr	1	Accidant, suicide, or homleide? Date of Injury, 19
17. INFORMANT Mary Ann Adams (Address) 453 Park Place			lace		(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Feb. 22, 1937			· Date Feb	22, 1937	Mannar of Injury
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown, Md.					24. Wes disease or injury in any wey related to occupation of daceased?
20. FILED.	1-9-	, 1937 (0)	past	South Registrar.	(Signed) (Andrass) act ma Commen

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- C V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF DEATH			(2)201	10
County Washingt	on		Registration Dist. No.	02
Village or Gity Scilers	brus		No. St	Ward
	1,5		death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where dee	eth occurredlyr	smos	ds. How long in U.S. if of foreign birth?yrsn	10sds.
2. FULL NAME China	Isola	12-a	If U. S. Veteran, specify WAR.	
(a) Residence: No.	ersbur	1 180	7. AST. # 5 Werd:	
PERSONAL AND STATISTIC	(Usual place of about		If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
	S. SINGLE, MARRIED,		21. DATE OF DEATH	
Femelo white	OR DIVORCED (wn		Jel- 23	193.7
5a. If married, widowed, or divorced	mar	rieg	(Month) (Day)	(Year)
HUSBAND of Frank	LT		22. HEREBY CERTIFY That I attended	deceased from
1/carcs	100	1-04	Teb-23- 1937, to Leb-2	3 193
S. DATE OF BIRTH (month, day, and year)	pt 12-	1897	I last saw h. It works dead upo to	death is said
7. AGE Years Months		f LESS than	to have occurred on the data stated above, at 3.50, m.	val-
39 3		ay,hrs. min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	Oate of onset
8. Trade, profassion, or particular kind of work done, as SPINNER,	1	10	4	
SAWYER, BOOKKEEPER, etc.			allebral remorrhage	423/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		O DEED	Y	
10. Date deceased lest worked at	11. Total tima (ya	aars)		
this occupation (month and year)	11. Total tima (ya spant in th occupation	nis		
700	inlla		Other Contributory Causes of importanca:	,
12. BIRTHPLACE (city or town) (State or country)	ud.		allerio o clero alo	
13. NAME Bharles	I la	in	pillpsy	
7	2000	0	Nome of a system	
(State or country)	7md	£	Name of operation	
15. MAIOEN NAME	Louis.	-	What test confirmed diagnosis?	
1		0	23. If death was due to external causes (VIOLENCE) fill in also the following	
E (State or country)	md.		Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
7 0 . 7	T Ban		(Specify city or town, county and St	nte)
(Addrass)	1000	rud	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LAGE,
18. BURIAL, CREMATION, OR REMOVAL	21		Manner of injury	
Placa Acquestown	Date	19.3.9	Nature of Injury	
6-m 8	4/019	8-	24. Was disaasa or injury in any way related to occupation of decaesad?	
19. UNOERTAKER (Addrass)	Tour	Zuch	If so, specify	
T. 1 95 14 18-18	3/4		(Signad) Wallie Hushan	S. MI
20. FILED 1927 1927 1927	Ruces	Registrar.	(Address) Waynesbors -	Pa
If more bl	anks are needed, address		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	V 74

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out in particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	S. Tales
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Mashington	301/
	Registration Dist. No.
Village or City Lan Co	2NO
	s
2. FULL NAME James M. Lan	shart If U. S. Veteran, specify WAR
11/2 0 4 4 20	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male wh OR DIVORCED (write the word)	(Month) (Day) (Yes
e. It married, widowed, or divorced	(Month) (Day) (Year
(or) WIFE of Lydia. Campart	22. HEREBY CERTIFY That I attended deceased
1 2/ 2/19/5	1932, 10 , 195
DATE OF BIRTH (month, day, and year)	Klast saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
// / / ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, flarence SAWYER, BDDKKEEPER, etc	De Sierre distribution
SAWYER, BDDKKEEPER, etc	growe mayeur action
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and) 475 spent in this occupation	
12. BIRTHPLACE (city or town Mash Co My.	Dther Contributory Causes of Importance:
(State or county)	Cerebral Lemorrhage
13. NAME William Parnhart.	Cardio vascular renal
13. NAME Miliam Darmary. 14. BIRTHPLACE (city or town) Is willow Co Ga	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME Allie Porres 16. BIRTHPLACE (city or town) Julious Co. Ja.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 2 11 South On Ba	Accident, suicide, or homicide? Date of Injury19_
(Stete or cognity)	Where did injury occur?
INFORMANT Y dia & Baruhash.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Thurst Dul.	- The state of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MA Date of 2, 193	Nature of injury
IN UNDOCATAGE A STATE STATE OF THE STATE OF	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Deligi OSCA and	It so, specify
no 1 and 10 surviva	(Signed) A MI Shaffer
20. FILED 19.3 Registrar.	(Address) Jancoth my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
gradi	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

mation LION

Ä,

V. S. No. 1

state OCCUPA-

plnods

of infor-

STATE OF MARYLAND—CERTIFICATE

	DEAT		212	-
Re	gistration Dist	t. No <u>^</u>	30.	3.
itution, giv	e its NAME inc	stead of stree	t and numbe	Ward er) ds.
7				
	nonresident give			
(Mont	//	2 / Day)		
	RTIFY.			
		, 19		
	, et elated causes of			- 1
2			Dat	e of onset
~				
portance:				
	OL ENCE) fill in			y?
	Date			19
(Spe	cify city or tow	n county an	d State)	
in INDUS	cify city or tow TRY, in HOME,			
way relate	ed to occupation	of decease	d? M	0
ha	PIV	17	2	2 M. D.
1		1	2	0

(Address) _

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
21/to/tosceroete	1915	Attack of cpilepsy	1 week ago
Chronic interstitut nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage MAR 7 1931	July 5,1927	Perilonitis	3 days ago
EUNEAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<u> </u>			

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

-WRITE PLA

B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2122
1. PLACE OF DEATH	93-0
County Chaslington	Registration Dist. No. 305
Village or City Sombleno	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME CHORY Bell	If U. S. Vereran, specify WAR.
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Character Paul	22. The I HEREBY CERTIFY, That I attended deceased from 22, 1937, to 44, 24, 1937.
6. DATE OF BIRTH (month, day, and year) 14, 855 7. AGE Years Months Qays If LESS than	I last saw h
C1 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, Share makes	Chronic Myocarditio Onto ot onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deta deceased last worked at this occupation (mach and	artero-delesses ?
this occupation (month and year) — 434 spent in this occupation 65 year	Other Cantributary Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME David Bell	
13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Neme of operation None Date of Thorse Whet tast confirmed diagnosis? Clinical Wes there are autopsy? Let
15. MAIDEN NAME Herrietta net	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homlolda? Data of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carl Stemme (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Survey Md. Oate 26, 19 37	Menner of injury
19. UNDERTAKER D. D. Bast 9 S ory (Address) Bornston md:	24. Was disease or injury In any way ralated to occupation of deceasad? 100
20. FILEO Febr 25. 1927 Chilliam D. Part.	(Signed) Boorshow, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Construct the control of the control	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
and the second				
Other contributory causes of importance:		Other contributory causes of importance:	7	
Gallstones	May 1,1923	Gastroenteritis	1 year	

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 212	3
	1. PLACE OF DEATH	210-70	
	County Washington	Registration Dist. No. 302	-
	Village or City Haglistonn	Now asking to County Hogela, 3	Ward
		ds. How long in U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME Fred. S. Bester B	ester) If U. S. Veteran, specify WAR	
	(a) Residence: No. 434 S. Potom ac (Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marie d	21. DATE OF DEATH Jeb /5 , 193 A (Month) (Day) (Ya	Z ar)
	Se. If merried, widowad, or divorced HUSBAND of (or) WIFE of Hallie V. Bestor	22. HEREBY CERTIFY, That I attended deceased file 14, 19.37, to 7.00.15, 19.	from 3.7
e.	6. DATE OF BIRTH (month, day, end year) Dec 17 -1881	Hast saw h. elive on File 15 ,1937; deeth	is sald
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, et 11. 20Pm.	
rtif	55 1 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	lonsat
ce	8. Trade, profession, or particular kind of work done, as SPINNER, Florist SAWYER, BDOKKEEPER, etc.	automobile accident 2.1	4.37
Jo 3	kind of work done, as SPINNER, A Coust SAWYER, BDOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, the same and the same	Embalian - Keast 2.1	5.37
back	9. Industry or business in which work was done, as SILK MILL, Aenry A Beater & Sons SAW MILL, BANK, atc	tractioned libt titing + fibrilae 2.	4.37
n h	10. Oate deceased last worked at 11. Totel time (yeers)	Transing up 1, bular d.	1400/
instructions on	this occupation (month and 1937 spant in this 40 occupation 40	JAMMING SUPS - TUPS - E.	19-01
ion	12 DIRTURI ACE (situar town) Ha gerstown	Other Contributory Course of importance	14.37
nct.	12. BIRTHPLACE (city or town) / Ta y (State or country) Md,		/
ıstı	13. NAME Henry A Beston		
e ii	14. BIRTHPLACE (city or town). St James (State or country)	Name of operation Date of	
See	(Stete or country) md.	What test confirmed diegnosis? Was there an autopsy?	
:	15. MAIDEN NAME Catherine Larmen	23. If death was due to external causes (VIOLENCE) fill in also the following:	000
important.	5 16. BIRTHPLACE (city or town) Has gerstown	Accident, suicide, or homicide? Allahal Date of Injury 726. 14,19	37
por	16. BIRTHPLACE (city or town) As gustown (Stete or country)	Where did injury occur? Hazurbown hul	/
	17. INFORMANT M. Harry Beston, (Address) Hagestown md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Authorobile	
	Place Huglistown Md Date Feb 18, 1937	Nature of Injury haskness Riles - Tipes + +-	class
TION	19. UNDERTAKER Stott 7 Minnich & Son	24. Was disease or Injury in eny way related to occupation of dacasad?	
Feet	(Address) Hugustown md.	If so, spacify	
	20. FILED 2-17-1937 6 MASH Bowers	(Signed). Not Taken Wells	M. D.
	Registrar.	(Address) Hagustown, W.M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 8 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HEREN V. C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	OSP .
County brashing ton	Registration Dist. No. 30 2
Village or City Hage Later Woole	death occurred in a horpital or institution, rive its NAME instead of street and number)
	The ds. How long in U.S. if of foralgn birth?
2. FULL NAME Device Butts	THE STATE OF THE PARTY OF THE PARTY OF THE PARTY.
(a) Residence: No. Mableville Md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SWOLD MIRR D, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white windowed	(Month) (Day) (Year)
5a. If married, widowed, or divorces HUSBANO of	22. I HEREBY CERTIFY. That attanded decoased from
(01) HIFE OF Edith may Batto	7.6.22. IHEREBY CERTIFY. That I attanded decoased from
6. DATE OF BIRTH (month, day, end year) Questo 16, 1883	I last saw h_ saw aliva on 7 26 , 19 37; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, et. 8
53 6 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular	Burno - 2 2 3 Legue 2.22.3
kind of work done, as SPINNER, James Drune	2 Jack - Body + limbs
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and this occu	
SAW MILL, BANK, etc	There was no hurning building implied
this occupation (month and spent in this year)	Ews. R.
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Acceased was pouring gasoline into outemobiles
	with lighted lantern beside cor; and gosoline
Ξ	- exploded.
(State or country)	Name of operation
	What test confirmed diagnosis? Clarace Was there en autopsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accidant, sociae, or nomiciae:
C. C	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CO-Say 10-2000	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) O saves Creek md,	M
Place Jehrup Church Oate Fel. 25, 1937	Manner of injury
19. UNDERTAKER WW 3. Dast + Sou	24. Was diseasa or injury in any way ralated to occupation of dacassad?
(Address) Domano Md.	If so, spacify
20 FILED 2 -24- 10 37 Constituent	(Signed) A Noherl Wello M. D.
Registrar.	(Addrass) 115 D. Petamae Sta
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. New Janes, 200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
- V ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
----------	----------------------	----	--------------

2125

1. PLACE OF DEATH		107	
County // Ashma	long	Registration Dist. No	6.7
Village or City (Cohrund	-ville, hid	NoSt.,	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and	
0.0	O Ban	The state of the s	
2. FULL NAME Swall	4 wrown		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	I State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
The of Whate	OR DIVORCED (write the word)	13	. 193 7
5a. If married, widowed, or divorced	Tracero	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	ganison 9.100	22. / I HEREBY CERTIFY, Thay I attended	deceased from
14.00	low	File 9 ,1937, to 7 in 13	, 1937
6. DATE OF BIRTH (month, day, and year)	mly 1 = 1840	I last saw h FR alive on Fut 12 193	; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at	
96 7	d I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
_ 8. Trade, profession, or particular /	1 1/	Drong to Preumowa	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ouse like		
9. Indostry or business in which			-
work was done, as SILK MILL, SAW MILL, BANK, etc.			-
10. Dato deceased last worked at this occupation (month and	11. Total time (years)		
year)	occupation	Other Contributory Causes of importance:	-
12. BIRTHPLACE (city or town) Cohor	soville hid	Other Contributory Causes of Importance.	
(State or country) Williams	lon Go		
II 13. NAME & avid & 9	alur as b		
14. BIRTHPLACE (city or town) RULL	an villa me	Name of operation Nove Dete of	Thoras
(Stete or country) Wash	Oo .	What test confirmed diagnosis? Clinical Was there an	autoney? Zeo
I 15. MAIDEN NAME MAGNICULA	ner Huffer	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME MOCKETS	ansi Plankani	Accident, suicide, or homicide? Date of injury	
O 16. BIRTHPLACE (city or town)		Where did injury occur?	, 13
mag A.	Pollumberge x	(Specify city or town, county and Sta	te)
17. INFORMANT (Address) (Address)	Wash Co.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PL	AUE.
18. BURIAL, CREMATION, OR REMOVAL	- risk	Manage of Injury	
Place Rohmsville	_Date 2 = 16 1937	Manner of injury	
049	18-		7.5
19. UNDERTAKER (Address)	and to	24. Was disease or injury in any way related to occupation of deceased?	
7	Wat.	If so, specify	
20. FILED 14 . 19 3 7 Ma	Maskeing Nagentart	(Signed)	Zrest M. D
	/ Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
THE RESIDENCE AND ASSESSED TO THE RE				

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAD 0 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic merstitial nephritis AFR 0 1901	1921	Run over by street car	1 week ago
Cerebral hengrrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

state

The state of the s	MARYLAND-	CERTIFICATE OF DEATH	2128
County Village or City	mg town	Registration Dist. No. 3.	23 Ward
2. FULL NAME (a) Residence: No.	ccurred yrs, mos	Ward. It nonresident give city or town and	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
I ale prite of	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1.19 1933	22. I HEREBY CERTIFY, That I ettended AB 1937 to Tell 6, (last saw hear alive on Tell 6, 1937	deceased from
7. AGE Yeers Months	Deys If LESS then 1 day,hrs. ormin.	to heve occurred on the date stated above, et 2	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc. 10. Date deceased lost worked et	Mild		
10. Date deceased lest worked et this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) flow Ox (State or equatry)	ang bring	Other Contributory Capues of importance:	Jan 20
13. NAME // ML (), C	ur aught		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	ugland Wen	What test confirmed diegnosis? Wes there en a	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Jacks Chun	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?Date of injury	,19
17. INFORMANT UPS Carlos (Address) Carlos Ca	Laught	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE,

24. Was disease or injury in eny wey related to occupetion of deceased? If so, specify (Signed).

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registra

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Man 17	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE nation

S. No. 1

LION

(Address)

state

jo plnous OCCI

Jo

Length of residence in city or town where deeth occurred 37 vrs - mos. - ds. 2. FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) male narried (Month) 5a, if married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 31 7. AGE Years Months Davs if LESS than I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 65 11 or min. were as follows: 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION Car 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at II. Total time (years) this occupation (month end spent in this 20 year) --- Luce ---12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation..... (Stata or country) What test confirmed diegnosis? Was there an eutopsy?... HER 15. MAIDEN NAME 23. If death was due to extornal causes (VIOLENCE) fill in also the following: MOT . . Accident, suicide, or homicide?______ Date of injury______19 16, BIRTHPLACE (city or town). (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury Neture of injury_. 24. Wes diseese or injury la

Registrar.

if so, specify

(Address) _

(Day)

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 3 1937	July 5,1927	Peritonitis	3 days ago
i engenti v. s.	13		
Other contributory causes of importance:	200	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED FOR BINDING

(Address)

Cour	tyWas	ship tor	<u>}</u>		Registration Dist. No. 3	00
Villa	e or City	Sharpsl	urg	(1)	NoSt death occurred in a hospital or institution, give its NAME instead of street	Ward
Leng	n of residence in c	ity or town where	deeth occurred		dean occurred in a normal or institution, give its INAIVE instead of street	
2. FUL	NAME	Thomas	Clay De	launey	If U.S. Veteran specify WAR	000001000000000000000000000000000000000
(a)	Residence: No	Aharp	Shurg (Usual place		St., Ward.	
PE	SONAL AN	ID STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEAT	
3. SEX		r or race		RIED, WIDOWED, O (write the word) 100	21. DATE OF DEATH Feb. 21, (Oay)	, 193 A a (Year)
HUSBA		orced			22. I HEREBY CERTIFY, Thet I ette	
(or) W	FE of I'E	ura Fis	her DeL	auney	Dec. 10 19 7 to Feb. 2]	19.7
6. DATE OF	BIRTH (month, da	y, end year) J	uly 17	1864	Hast saw h_im_ alive on Feba 21	death Is said
7. AGE	Years	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	101.0
. 8 Trac	2 e, profession, or p	articular	5	ormin.	were as follows:	Data of onset
NO CO	ind of work done AWYER, BOOKKE	as SPINNER, EPER, etc.	aata m	au	Epilepsy	?
۵.	stry or business i ork was done, as AW MILL, BANK,	SILK MILL.		10	Cerebral arteriosclerosis	1 VI
0 1	deceased last wo	rked at onth end 26 4	spar	me (years) It In this 36	Bronchopneumonia	2/19
12 DIDTUD	ACE (situ or town)	Suarps	bure		Other Contributary Causes of Importance:	
(Stat	or country)	ashin	on Co.	ud.	Chronic myocarditis	i yr
13, NAM			iney			
	HPLACE (city or t Stete or country)	own) Shar			Name of operation	
2 15. MAI			Hammon	3	Whet test confirmed diegnosis?	
=	HPLACE (city or t	Boo	nsboro		Accident, suicide, or homicide? Oate of injury	
ž	State or country)		gton Co	. Md.	Where did injury occur? (Specify city or town, county an	J Suna
17. INFORMA (Add	***	r Fishe sningto			Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI	C PLACE.
	Sharns	REMOVAL	Oate Feb	. 24 .37	Manner of injury	
Piec	. View	Och etry	D 1	, 192.1.	Nature of injury	- no
19. UNDERT	KER - G-d	m V:	flell T		24. Was disease or injury In eny way related to occupation of decease	01-48-2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WAR 3	July 5,1927	Peritonitis	3 days ago
THE REAU V. S.			2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

1. PLACE OF DEATH	93-20
County Charlington	Registration Dist. No. 30.5
Village or City Bearn Creek	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.
\sim 0 600 σ	7 +
2. FULL NAME 19 arbara Ellenh	Jelroud U. S. Veteran, specify WAR
(a) Residence: No. Seattle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple White Widowed.	21. DATE OF DEATH Pel 5 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Acob Detrow.	22. I HEREBY CERTIFY, That I attended deceased from 7-16-12, 1937, 10-7-16-15, 1937.
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, at 5 A m.
88 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	alteriorderoris ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	acute Cardiac dilitation 2414/57
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME Heyekich Easton	
14. BIRTHPLACE (city or town) Beauty Cruck (State or country) Works Co. Md.	Name of operation Date of What lest confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Many Reynolds.	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT MAS. Charles Marts. (Address) Beauce Creek Mas.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Beaver Cruk Date 1.7, 19.3.7	Menner of injury
19. UNDERTAKER OM O BOAT 45 M	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Febr 17. 1927 William D. Bank	(Signed) A forterfield M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related of importance were as follows:	tcd causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3	1915	Attack of epilepsy_	1 week ago
Chronic interstitial nephritis	0.00	1921	Run over by street car	1 week ago
Cerebral hemorrhage MA	Ro 2	July 5,1927	Peritonitis	3 days ago
	1 V.	F3 = 12		1
1 6516		The second secon		
Other contributory causes of importar	ncé:		Other contributory causes of importance:	
Gallstones	1	May 1,1923	Gastroenteritis	1 year

	PLACE C	OF DEAT	гн /			
	County Haz	hons	D	-		
		0		,		
		1/-	4			111111
Vil	lage or City	790	Nun	2 (No.	1744
	951111	NAME		/	1	2 11
-	2FULL	NAME	11		V	
	PERSONA	L AND	STATIST		PARTIC	ULARS
3 8	EX	COLOR	OR RACE		RIED,	zanda.
11	Tale	W		ORI	OWED DIVORCE te the word	
6 E	ATE OF BIRTH	1				
			2 ~	14	-5	71
			(Month))	(Day)	(Year)
7 A	GE		201			[If LESS than
		17	7	_		l day hrs.
	fh	MASO.	um	mos	dı	. or min.?
80	CCUPATION a) Trade, profe	esion or			7	
(i	articular kind	of work	-20	12	_	
(1) General natu	re of ind	ustry			
	usiness, or esta hich employed					
_		or (empre				
9 5	(State or count	ry)	Mis	1		
-	10 NAME OF				0.	111
	FATHER	Minn	un.	m	Xil	les
10	11 BIRTHPLAC				. Colored Santa	
Ĕ	OF FATHER		m	d		
RENTS	12 MAIDEN N		100	7		1 =1
PAR	OF MOTHE	~ /	an	15.	m	who
-	13 BIRTHPLA		/		,	
	OF MOTHE		n	ul		
-	THE ABOVE IS		THE BEST	OF M	Y KNOW!	EDGE
14	HE ABOVE 15	MA	523	1/	m	4
	(Informant)	1110	ry /	E	Mar	lis
	(Addres	3)	Hey	F1 7	no	11#4
15	40	15	22//	Tox	1/1/	300000

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)
(If death occurred im a hospital or institution, give its NAME i. stead of street and

number.)

2-16, 197/ ADDRESS

16 DATE OF DEATH	Lik	14	, 19277
	(Month)		
17 I HEREBY CE	RTIFY, That I a		
Jeh 14	.1927 . to	EA 14	, 102
that I last saw hand	the on	Zel 14	, 19272,
and that death occurred	on the date stat	ed above, at	m
The CAUSE OF DEATH	was as follows:		
f. A.	1		-
Mill	form /	Toll a	um
	X		
***************************************		**********************	
0101111010011-1010000000000000000000000	(Duration)	yts	monde.
Contributory	9 12 14 13 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15		••••••••••
1	(Durstion)	VIS	.mosds,
1 9/1	1/8/18	7 .	
(Signed)	St. Lit State Hill King		Mil
2-14 1927 (/ 1/	Lasjun	
*State the Discase Violent Causes, state Accidental, Suicidal or I	se Causing Peat (1) Means of Homicidal.	h, or, In d Injury and (2) Whether
18 LENGTH OF RESID		pitals, Institu	tions, Trans
ients or Recent Reside			
At place of deathyrsmos.	ds. In t	he tateyra	mosds
Where was disease contracte if not at place of dea.h?	ed,	····	
Former or usual residence	-4990494 04 04040	4.62220000000000000000000000000000000000	o o ; coo o a e canado a dece cto o bostum
10 PLACE OF BURIAL O	R REMOVAL	DATE O	F BURIAL

20 UNDERTAKER

Registra:

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reg. ged in domestic service for wages, as Screant, Cook Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write. None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day

EAST (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature of the or intercurrent) Chronic valvulor heart disease; affection etc. The contributory need

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

Village or City Hagers town, I.d. No. 122 Cast Washington (If death occurred in a horpital or institution, give its NAME) Langth of residence in city or town where death occurred yrs, mos ds. How long In U.S. If of foreign birth	STATE OF MARYLAN 1. PLACE OF DEATH	
(If death occurred in a horpital or institution, give its NAME	County Washington	Registration Dist. J
(If death occurred in a horpital or institution, give its NAME	Village or City Hagers town, Ild.	No. 122 East Washingto
Langth of residence in city or town where death occurredyrsmosds. How long in U.S. If of foreign birth		(If death occurred in a horpital or institution, give its NAME instea
	Langth of residence in city or town where death occurradyrs,	mosds. How long In U.S. If of foreign birth
	2. FULL NAME Rebecca Easton	If U. S. Veteran, specify WAR

County Washington					Registr	ration Dist. No.	70/
Village	or City	Hager	stown, l	d.	No. 122 East Was	hinglow St.,	Ø Ward
langth o	f recidence in a	ity or town where d	eath neaurrad		death occurred in a horpital or institution, give its	401	
		20 - 2			Company of a second of the sec		
	NAME		a Easto		If U. S. Veteran, specify W	AK	
(a) Res	idence: No.	IZZ East	(Usual place	of abode)	St., 3 Ward.	resident give city or town a	and State
PERS	ONAL AN	ID STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFIC		
s. sex Female			5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word) Widowed		21. DATE OF DEATH Feb.		193 7
5a. If married, v	5a. If married, widowed_or divorced - HUSBAND-of (or) WIFE of				(Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended decessed from		
			70. 3	3.050	I last sew h alive on		
6. DATE OF BIT	RTH (month, da Years	y, and yeer) Months	Dec. 1	1 If LESS than	to have occurred on the date stated above, et_		, 00001113 3010
r. AGE	78	2	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletivere as follows:		Data of onset
8. Trade, kind	profession, or p	articular , as SPINNER, EPER, etc		/			
				y	Coronary		
SAV		n which SILK MILL, atc					
	ecaased last wo occupation (mo	onth and	11. Total t	ime (yaars) nt in this			
				upation	Other Contribatory Causes of Importence:		
		Near	Upton,	Pa.			
	r country)	271.11					
I		lliott	2.2.1	~ -			
				Jo., Pa.	Name of operation		
(State or country)					What test confirmed diagnosis?		
-				Co. Da	23. If death was due to external causas (VIOLENCE) fill in elso the following: Accident, suicida, or homicide?		
	LACE (city or to ete or country)	own) Fi	ankılı	00. Fa.			
		ena Elli	0++				
17. INFORMANT		r Green		Pa.			
18. BURIAL, CR	EMATION, OR		-	22 75	Manner of injury		
Placa	Hager	stown, Mc	L. Date J. C.D.	11, 19 37	Nature of Injury		
19. UNDERTAK	1000	Fred W.	Kraiss	5	24. Was disease or injury in any way related t	o occupation of decaased?	
(Addres	-	14	101/1	3- 101	If so, specify	Man	~~ ··
20. FILED. 2	- 9-	19.3.201	100/11	Beery	(Signed) SULLIN	000	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	- 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	UIA	N
--	-----	---

PHYSICIANS should state -WRITE PLANAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			93-0		
County Wasningto	n		Registration Dist. No. 383		
			No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How tong In U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME Samuel H	L. Farrew		If U. S. Veteran, specify WAR		
(a) Residence: NoBig_Sprin	g, Md. (Usual place o	f abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH February 26 (Day) (Vear)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Jul	Belle 4	arrow	22. THEREBY CERTIFY, That I attended deceased from 1937, to Feb. 26, 1937. I last saw hasses alive on Feb. 25, 1937.; death is said		
7. AGE Yaars Months 7	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:30 - P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as-follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer 11. Total tir spen	ma (yaars) t in this pation	Arthur Delevous 1936		
12. BIRTHPLACE (city or town) Washing (State or country)			Other Contributory Causes of Importance:		
13. NAME John Farrew					
13. NAME John Farrew 14. BIRTHPLACE (city or town)	ington Co				
15. MAIDEN NAME WINKNOWN 16. BIRTHPLACE (city or town) Unk (State or country) 17. INFORMANT Miss Anna Fari			23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
(Address) Big Spring, 1 18. BURIAL, CREMATION, OR REMOVAL			Manner of injury		
Place Clearsprng, Md.	Oata Role	28, 1997	Natura of injury		
19. UNDERTAKER Snyder-Rowland (Address) Cleurspring)	Funeral I		24. Was diseasa or injury in any way related to occupation of deceased? If so, spacify (Signed)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	----------	-----------	------------	----	-----------

back

instructions on

See

TION is very important.

FATHER

MOTHER

12. BIRTHPLACE (city or town) Keedysville . Md

Morris

agerstown. Md.

Tofole

gerstwon, Md oute Feb. 7, 1937

Otho S. Finfrock Frederick St.

(State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR REMOVAL

13. NAME

19. UNOERTAKER

(Address)

Thomas

state

OCCUPAplnods Jo

1. PLA	CE OF DEA	ТН			25			7
Villa	ge or City	Hagers	town	(f yrs,mos	No death occurred in a hospital or	Registration institution, give its NAN S. If of foreign birth?	St., ME instead of street	Ward number)
	L NAME Residence: No			St. of abode)	If U. S. Veto	eran, specify WAR.	nt give city or town	
PE	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICA	L CERTIFICAT	E OF DEAT	н
s. sex Femal		R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) Cried	21. DATE OF DEA	Feb.	5 (Day)	, 193
5a. If marrie			S. Finf	frock	January	BY CERTIF	J. That I atten	5. 1937
6. DATE OF	BIRTH (month, de	y, and year)	April	6,1862	I last saw hard five of			3.7; deeth is seld
7. AGE	Years 74	Months 9	0ays 29	If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF were as follows:			Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work 9. Industry or business In which work was done, as SILK MILL,					May wi	th)	Jan. 30	
31	SAW MILL, BANK, e deceesed last wo	etc	11. Totel t	Ime (veers)	monial.		/	1937

Name of operation 23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury_____ Where did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Meture of inf	ury			
24. Was diseas	sa or injury in an	y way releted to oc	cupation of deceased?	1
If so, specify		. //		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rechesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the usc of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAR 8 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Name of the second			=	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Voshington Village or City Hage yestown No. 13 So Potomac St. St., (If death occurred in a horpital or institution, give its NAME instead of street and number) Langth of rasidenca in city or town where daeth occurred. yrs. mos. ds. How long In U. S. if of foraign birth? yrs. mos. 2. FULL NAME YS NAME Y Finst on St., Ward. (a) Residence: No. 3 3 So Potomac St., Ward. (build place of abode) PERSONAL AND STATISTICAL PARTICULARS S. SIRGLE, MARRIED, WIDOWED. 3. SEX 4. COLOR OR RACE 5. SIRGLE, MARRIED, WIDOWED. 21. DATE OF DEATH
Village or City Hage y stown (If death occurred in a horpital or institution, give its NAME instead of street and number) Langth of rasidenca in city or town where daeth occurred yrs mos. 2. FULL NAME (a) Residence: No. 313 So Patomac St., Ward.
Langth of rasidence in city or town where daeth occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs mos. 2. FULL NAME YS Maney Fin Frod 1 If U. S. Veteran, specify WAR. (a) Residence: No. 313 So Patomae St., 2 Ward.
2. FULL NAME MYS Maney Finfrods If U. S. Veteran, specify WAR (a) Residence: No. 313 So Patomac St., 2 Ward.
(a) Residence: No. 313 So Patomac St., 2 Ward.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED ("write ha word) Company of the color of th
5e. If marriad, widowed, or divorced
HUSBAND of (or) WIFE of Sex 0 ms -
7
6. DATE OF BIRTH (month, dey, and year) Q Q - 8 6 1 lest saw h - 2 - alive on - 2 - 2 - 3 - 3 - 3 death
7. AGE Years Months Days If LESS than to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Or or ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, House wife John 3-
9, Industry or business In which
9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.
O 10. Date deceased last worked at 11. Total time (years)
yaar) The Same of importance;
12. BIRTHPLACE (city or town). St. Sauce.
(State or country)
II 13. NAME Jonathau Dasis-
14. BIRTHPLACE (city or town) 2 1 7 2 2 Name of operation
What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CAY 1 Locked Start 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 28 YOME . Lin Trock. Specify whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) H. C. C. V. S. Tourn C. J. J. Manner of Injury
The Call Valories Van Tellers 32.37
necure of mjury
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased?
The the
20. FILED 2 2 2 1, 19 37 (Mac) (Signed) (Address) (Address)
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

mation should be carefully supplied. AGE should be

FOR BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DIRECTIVE S.	3 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 2

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2121
1. PLACE OF DEATH		// 2	_
County Washing Wo	6	Registration Dist. No.	0 2
Village or City 14 Life over	april	No. St., steep occurred in a horpital or institution, give its NAME instead of street and it	Ward
Langth of rasidanca in city or town where daath or	courledyrsmos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Mabel	tors4 The	If U.S. Veteran specify WAR	*****************
(a) Residence: No. Urlland	about	St., Ward.	
DEDCOMMI AND COLUMN	Usual flace of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, L DIVORCED (write the word)	21. DATE OF DEATH Feb. 14 (Month) (Oay)	, 193 5 7
HUSBANO of	1	22. A HEREBY CERTIFY. That I attended	daceased from
(or) WIFE of		Feb. 12 1937 10 Feb. 14	19.3.7
6. DATE OF BIRTH (month, day, and year) 7-1	4 1921	I last saw here alive on Feb. 114 1937	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated abova, at 125 Rm.	
16	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular	7 Ormin.	ware as follows:	Oats of ensst
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	usse		*
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	une	Timeraman Dioncho.	2/10
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
, · (() ·	1- /-	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	is port	() /	
(State or country) Wash	evi ma	Safluenza.	2/7
13. NAME Clay for Fors	ythe	<u> </u>	
14. BIRTHPLACE (city or town) - Mean - 1	agers low	Nama of operation Date of	
(State of country) Wash.	er. ud.	What test confirmed diagnosis? Was there an a	autopsy?
15. MAIOEN NAME Scla Tol	Bert	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
5 16. BIRTHPLACE (city or town) - Pare Lon-	ville	Accidant, suicide, or homicida? Data of injury	, 19
∑ (Stata or country)	Va	Whara did injury occur?	
17. INFORMANT lucle. Howard	Forsythe.	(Specify city or town, county and Stat Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place breen Lasy Oat	7eb. 16 4937	Nature of injury	
villance put wa	0 1		301.
19. UNOERTAKER SALETY	ceal-	24. Was diseasa or injury in any way related to occupation of deceased?	710
(Address) Unklianis by	Ma.	If so, specify	
20. FILEO 2 - 10 - , 1937 - 1937	Aft Doccess	(Signad) (Address) (Wellaus bout	md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

d causes Date of onset
1 week ago
1 week ago
3 days ago
: 1000
1 year

CAUSE nation TION

Jo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a	f death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ADD 6 1027	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	RIPPALL V. S.	July 5, 1927	Peritonitis	3 days ago	
		1.1.1		4	
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				l-	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Exact statement of OCCUPA-

IS A PERMANENT REC stated EXACTLY. P properly classified. Exac

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

	1. PLACE OF DEATH	(1)
1	countyVVashinaton	Registration Dist. No. 302
	Village or City to a 2xstp.un	ND. YVash CoHospital St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		death occurred in a hospital of initiation, give its review instead of street and number/ ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Eliz Ann Gallach	If U. S. Veteran, specify WAR
	(a) Residence: No. 21. Bo Found vo	St., 2— Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULA S	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Day) (Pear)
	5a. If married, widowed, or divorced HUSBAND of	3
	(or) WIFE of	22. I HEREBY CERTIFY. That I attended daceasad from
e.	6. DATE OF BIRTH (month, day, and year) Dec 21-1436	I last saw h. A. alive on 45 6 4 8/2, 19 ; deeth is seid
certificate	7. AGE Yeers Months Days If LESS than	to have occurred on tha date stated above, at 12 30 m.
rtif	/ /3, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
o Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Primary cause: Gastronententis augen
	H	2 Indigestion
pac	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Iva d
no s	10. Date deceased last worked at this occupation (month and year) spant in this occupation.	Direction of gratur-entorities: two weeks
instructions on back	12. BIRTHPLACE (city or town) Hage v stown (State or country)	Other Contributory Causes of Importance:
strı		
	13. NAME LOGAN - (50/19ther-) 4.	
See	14. BIRTHPLACE (city or town) TTGQ ex ST3 um: (State or country)	Neme of operation
.	# 15. MAIDEN NAME Day M. Myers-	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
tan	E SUBTURIAR COMMING TO MATERIAL STATE OF THE	Accident, sulcide, or homicide? Date of injury 19
important.	16. BIRTHPLACE (city or town) 1. New 1. 916 Dung (State or country)	Where did injury occur?
	17. INFORMANT MUS. K. Jack A Gallagher S	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
very	(Address) - ag 4k Stown- Will	
is v	18. BURIAL, CREMATION, OR REMOVAL THE 24 5 37	Menner of injury
	Place Tag Visitory Data 19	Nature of injury
TION	19. UNDERTAKER A. A. Co St man	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Hagerstown, ma.	If so, specify
	20. FILED 2 0 19 3 Platter TD Registrar.	(Signed) (Address) / Augles / Monday / Man
h_	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
FUREAU V. B.	7.8			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Has mile on B.C. Ker, D. a. Kohler

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1 N. B.

CTATE OF	MADVI AND	CEDTIFICATE	OF DEATH
SIAIL OF	MARYLAND-	CERTIFICATE	OF DEATH
	V/7 h.		

1. PLACE OF DEATH County Washington	WITE IN ASSESSED.	Ha geretown	Registration Dist. No.	302
Village or City Washington Length of residence in city or town where death occu	(If	death occurred in a hospital or institut	on, give its NAME instead of street and	
2. FULL NAME Ann Gammach (a) Residence: No. 105 East Wa	e shington St. sualplace of abode)		Specify WAR	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CE	ERTIFICATE OF DEATH	
Female White ORD	CLE, MARRIED, WIDOWED, DIVORCED (write the word) ngle	21. DATE OF DEATH February	22 (Month) (Day)	., 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			CERTIFY, That I attended	
	ry 17, 1937 Devs If LESS than	I last saw h alive on	12:10 Pa	.; death is said
1	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT were es follows:	H and related causes of Importance	Data of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Transition		
SAW MILL, BANK, etc	The Alexander			
O 10. Date deceased lest worked at this occupation (month and year)	11. Total time (years) spant In this occupation	Other Contributary Causes of Impo	rtence:	
12. BIRTIIPLACE (city or town) Hagers town (State or country)	vn. Md.	Hylrocep	hatus Conjenta	12/12/37
13. NAME Frank J. Gammache	9			
13. NAME Frank J. Gammache 14. BIRTHPLACE (city or town) Lancaste (State or country)		Name of operation What test confirmed diegnosis?	Date of	
15. MAIDEN NAME Mary Denlinge	er	23, If-death was due to external cau	ses (VIOLENCE) fill in also the following	ig:
15. MAIDEN NAME Mary Denlinger 16. BIRTHPLACE (city or town) Lancaster (Stete or country)	er, Pa.	Accident, suicide, or homicide? Where did injury occur?	Dete of Injury	
17. INFORMANT Frank J. Gammac (Address) Halerstown		Specify whether injury occurred in	(Specify city or town, county and Str INDUSTRY, In HOME, or In PUBLIC P	nte) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lancaster, Paa Detel		Menner of injury		
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown, 1	s Md./_/	24. Wes disease or injury in any w	ey related to occupation of deceased?	Lasty.
20. FILED 2 - 22-, 1937 John	Hoceen Registrar.	(Signed) (Address) 15.7	- w. world	m of M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA. IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. certificate. pe Jo AGE should be CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. important.

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		(131)	
County Consling tow	•••••••	Registration Dist. No. 3	05
Village or City Bound	(1010)	NoSt.,	Ward
Length of residence in city or town where deeth	27 6	f death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME andrew	0-1	Sardium S. Veteran, specify WAR.	
1 0	- Jackson		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	nd State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of			(,
(or) WIFE of	~	22. THEREBY CERTIFY. That I attended	d deceased from
6. DATE OF BIRTH (month, dey, end yeer)	12 18.57	l lest saw h / M elive on F. L. 4 1937	7 death is said
7. AGE Years Months	Deys if LESS than	to heve occurred on the dete steted above, et. 4m.	
79 2	/3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance	104-4
8. Trade, profession, or particular kind of work done, as SPINNER,	4 1	Chrome Rephalis e	Oate of onset
SAWYER, BOOKKEEPER, etc.	eured	Vraemija.	
9. Industry or business in which work was done, as SILK MILL, Street SAW MILL, BANK, etc	t Car Conducti		
10. Date decessed lest worked at this occupation (month end	11. Total time (yeers) spant in this occupation/3		
yeer)	Use la Cit	Other Contributory Causes of importance:	>
12. BIRTIIPLACE (city or town) (Stete or country)	your cary	artenoselliones.	
E 13. NAME Condrew Jackson	y Cardner		
14. BIRTHPLACE (city or town) New	Bure	Neme of operation Dete of Dete of	
(State of country)	york I	Whet test confirmed diegnosis? Assured Wes there are	eu'opsy?
15. MAIDEN NAME Clara 16. BIRTHPLACE (city or town)	mead	23. If deeth was due to external causes (VIOLENCE) fill in also the followi	
State or country)	ueheck	Accident, suicide, or homicide? Dete of injury	, 19
m: h	1. 4.1	Where did Injury occur?(Specify city or town, county and St	tate)
17. INFORMANT (Address)	courting	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ENUE.
18. BURIAL, CREMATION, OR REMOVAL	41	Menner of injury	
Plece Domarno Md. D	ete /44.71 , 1937	Neture of Injury	
19. UNDERTAKER UTU DA BO	xxx xcla	24. Wes diseese or injury in any wey releted to occupation of deceased?	lo
(Address)	notino md.	if so, specify	
20, FILED als. 7, 1937 Wil	lean J. Bast	(Signed) 1/3 Mofrey	у. г
	Registrar.	(Address) Codologo	wa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	17.0
	RI
-	1
No.	
203	7
>	Z
	1

ation

TION

19. UNDERTAKER (Address)

23. If death was due to external causea (VIOLENCE) fill in also the following: cify city or town, county and State) Specify whether is jury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was diseese or injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Do. 1.

(Year

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorphage	July 5,1927	Peritonitis	3 days ago
			P. I
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· ·	

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	21
CATH		

1. PLACE OF DEATH	
county VVash: naton	Registration Dista No. 302
Village or City + ageks to un.	No. VVash Co Hospo. tal St. 3 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAMEMYS Maomi III Gluck	Jf U. S. Veteran, specify WAR
(a) Residence: No. 22 Broad way (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 25 1937
5e. If merried, widowad, or divorced HUSBAND of	A
(or) WIFE of Harry	122. HEREBY CERTIES The lattended deceased from
Tan 21-1871	Nastaw h 2 elive on Gold, 75, 1971 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Q 30 Pm.
6/ - 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted couses of importance
2 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, Hruseum Fa	1,4-
9. Industry or businass in which work was done, as SILK MILL,	while myotoritus :
SAW MILL, BANK, etc	<u> </u>
this occupation (month and year) James 1, 437 spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Meycers burg	Other Cantributary Causes of importenca:
(Slate or country)	mine repute
II 13. NAME JUM P. Speck	Memia 270
13. NAME SU- MA 1. Speck 14. BIRTHPLACE (city or town) Clears pring	Name of operation Deta of
(State of country)	Whet test confirmed diagnosis With Wes there en eutopsy? W
15. MAIDEN NAME CAYY'S AIT LAUGH IN 16. BIRTHPLACE (city or town) TOLYCORY DULYG	23. if deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) TOLYC & YS DULY	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TAXYY TUCK	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Tylen Cas Hall Data Faby 27, 1937	Nature of injury
19. UNDERTAKER A. K. Co. S. F. May	24. Wes disease or Injury in eny way related to occupation of decaased?
(Address) Hagers toum luc	if so, specify
20. FILED 2 - 76 - 1937 6 945 H Bowers,	(Signed) M. D.
Registrar.	(Address) Hagusland Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	12	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1 S 20 10 M	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSI	CIAN
				No. of the last of	23"

V. S. No. 1

1. PLACE OF DEATH County M. G. S. S. C. M. A. D. M. C. S. S. Word Village or City Length of residence in city or form where death occurred. W. W. A. S.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 21	45
Village or City. No. 38 South AD M. Hardes of St. World in a hopital or institution, give in NAME instead of bees and number) Langth of residence in city or town where death occurred. yrs. mos. 58. Now long in U.S. if of frontiers. 2. FULL NAME (a) Residence: No. 38 OLD AD M. WAR. (b) Residence: No. 38 OLD AD M. Ward. (b) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGE, MARIE, DAVIDOWED, OR DIVOKED Curric (pe world) OR DIVOKED Curric (pe world) OR DIVOKED Curric (pe world) 7. AGE Years 6. DATE OF BIRTH (month, day, and years) 10 July 11 July 12 July 12 July 13 July 14 J	1. PLACE OF DEATH	(£25a)	
Langth of residence in city or form where death occurred. Langth of residence in city or form where death occurred. 4. No. 16. No. 16. In the city of the city o	County YVasn. naton	Registration Dist. No. 30	2
Langth of residence in city or town where desth occurred yrs mos ds. How long in U.S. Hof foreign birth? yrs mos ds. Personal appeals ware and state of the city of town and State of the city of the city of the city of town and State of the city of the c	Village or City Hayers town.	No. 35-8 So Cannon Hy st. 3	Ward
2. FULL NAME (a) Residence: No. 3. 8. 0 (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR WORK OF WO			
(a) Residence: No. 3 & 3 (Unan) base of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE OR DIVORCED (write the world) Se. If married, widowed, or divorced (on) wife or (on)	200 - 1 - 1	Con the	ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) For Harried, widowed, or divorced (Worth) For Harried, wid	2. FULL NAME TOSSAY	If U.S. Veteran specify WAR. Spilling In Maky	(h) Selver
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Ornic the word) 7. AGE Years Months 1. HEREBY CERTIFY. That I strended decessed from 19. 10. 2. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			tate.
OR DIVORCED (write the word) 193. 193. (Year) 194. 195. If the profession or particular for word of word of word done, as SPINNER, Police or word or or		The state of the s	
56. If narried, widowed, or divorced (Cot) wife of Cot		21. DATE OF DEATH	ed
58. It married, widowed, or divorced HUSBAND (V 2) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs.	Wale white or or single the word)	(Month) y 25 ,1	193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 lest sew h. As alive on	5e. If married, widowed, or divorced		
6. DATE OF BIRTH (month, day, and year) (V 2) 877 7. AGE Years Months Jays If LESS than 1 day, hr. The PRINCIPAL CAUSE OF DEATH end related causes of importance were so follows: S. Indicator or particular of the principal day of th	(ac) WIFF of	22. HEREBY CERTIFY, Thet I attended de	ceased from
7. AGE Years Months Days If LESS than I day,	Mrs - 1077	7-75-75	., 19
8. Trade, profession, or particular kind of work done, as SPINNER. Policy of work was done, as SPINNER. Policy of work was done, as SPINNER. SAW MILL, BAHK, etc. 9. Industry or business in which work was done, as SPINNER. SAW MILL, BAHK, etc. 10. Date deceased last worked at this occupation (month and occupation) occupation occupation occupation (state or country) 12. BIRTHPLACE (city or town) V: 1: 0.0. Say occupation of deceased? 13. MAIDEN NAMB (Company occupation occupati			death is said
8. Trade, profession, or particular kind of work done, as SPINNER. SAWER, BONKEEPER, etc. 9. Industry or business in which work was done, as SPINNER. SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and poccupation) (State or country) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMDVAL Place 19. UNDERTAKER 19.	59 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
Syl Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	8 Trade profession or particular	were es follows:	Date of onset
Syl Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	kind of work done, as SPINNER, Colice man	Combreel Celasteche	2/7-3
Other Centributery Causes of importance: 12. BIRTHPLACE (city or town) W	9 Industry or business in which work was done as SILK MILL		[-++
Other Centributery Causes of importance: 12. BIRTHPLACE (city or town) W	SAW MILL, BANK, etc.		
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMDVAL 18. BURIAL, CREMATION, OR REMDVAL 19. Dete	this occupation (month and]	
13. NAME Date of 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMDVAL Place 19. Dete 1	100-111	Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMBUAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. SHAIDEN NAME 11. SHAIDEN NAME 12. Shecify or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. Shecify of injury Nature of injur			102K
What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town): Cause of Injury 19. If the did injury occur? (Specify city or town, country and Stale) 17. INFORMANT 19. Elva 19. Dete 19. Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of injury 19. In any way related to occupation of deceased? (Address) 19. UNDERTAKER 2. Co ff 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Signed)	E 13 NAME DOUGE of Grass and	- Sugarment	7.9.0.
What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town): Cause of Injury 19. If the did injury occur? (Specify city or town, country and Stale) 17. INFORMANT 19. Elva 19. Dete 19. Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of injury 19. In any way related to occupation of deceased? (Address) 19. UNDERTAKER 2. Co ff 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Signed)	المناه والمنالة المنالة والمناه والمنا	Name of observiors	
15. MAIDEN NAME (Lor Good Volt 15. 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. MAIDEN NAME (Lor Good of Injury 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	(State or country)		onev?
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Dete Dete Place 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Address) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16 so, specify (Signed) (Signed) M. D. (Signed) M. D. M. D.	# 15. MAIDEN NAMEN CAR GOODS VYCET KING		орзут
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Dete Dete Place 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Address) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16 so, specify (Signed) (Signed) M. D. (Signed) M. D. M. D.	To the RIPTHDI ACE (city or town) !!! (M. A. A. A. A. A.		19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 1. S. Dete 1. J. 193. 19. UNDERTAKER (Address) 20. FILED 1. 193. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) M. D.	State or country)	Where did injury occur?	
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Tagers to be Dete Taby 2, 193. 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Signed)	17 INFORMANT MYS Elva Gossard	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
Place Hagers to the Dete Taby +1, 193 Nature of injury 19. UNDERTAKER 12 - 15 - Co Strain 224. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) (Signed) (Signed)			
19. UNDERTAKER 19. 15. CO Ff	11 a 1 aus E 1 22 22	Manner of injury	
(Address) Hagerstown and If so, specify 20. FILED 2-26-, 19-3 [OHast Hawvers] (Signed) (Signed)	Place TTO QUASTO Local Dete TARY + 1 , 193	Nature of injury	
20. FILED 2-26-, 1937 Cottas Howers (Signed) Contiduing Man D	19. UNDERTAKER 17 - 15 . Co St man	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED	(Address) Hagerstown, and	No Altread on M	
Registrar. (Address) - The George All 1800		- All	10 M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regifesting U. S. No. 2			44

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis 1440 0 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		i.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		<u> </u>

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

Washimgton Hagerstown, Md.

Registration Dist. No

(If death occurred in a hoppital or institution, give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

2. FULL NAME

James H. Gross

Jf-U. S. Veteran, specify WAR

36 Church St.

Sept. 14, 1913

Davs

21. DATE OF BEATH

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male

7. AGE

OCCUPATION

may

that

instructions

See

carefully

be

plnous OF

DEATH in

CAUSE

NOL

should

Jo

statement PHYSICIAN

Exact

BINDING

RESERVED

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year)

If LESS than 1 dayhrs.

or min.

I HEREBY CERTIFY. That I attended decaased from 16 Selesuares 1, 1937

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Oats of onest

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et

this occupation (month and

Hagerstown.Md.

11. Total time (yaars) spent in this occupation ...

Laborer

12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME

Edward Gross

Months

Hagerstown.Md. 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME Elanore Born

Hagerstown, Md. 16, BIRTHPLACE (city or town). (State or country)

Edward Gross 36 Church St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md. Date Feb. 9. 1937

Fred W. Kraiss Hagerstown. Md.

What test confirmed diagnosis?_____ Was there an autopsy?

Neme of operation.....

23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?______ Dete of injury______ 19_____

Where did injury occur?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Manner of Injury Nature of injury.

24. Was disease or injury In any way ralated to occupation of deceased?___ if so, specify

(Addrass) __ Nagens

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Kenuesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . MAR 8 1901	July 5,1927	Peritonitis	3 days ago
The state of the s	ن		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE-PI

V. S. No. 1

shoold state OCCUPA-

1. PLACE OF DEATH	GENTHIO GENTHIO
County Hashington	Registration Dist. No. 307
Village or City The touth Shave	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME Sugar & Skape	9"
(a) Residence: No. Chestruck Grove	nord, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or diversed	(Month) (Day) (Year)
(or) WIFE of Pl 12	22. THEREBY CERTIFY, That I attended deceased from
m P 11 1043	I last saw here elive on Tel 4 ,19 37; deeth is said
7. AGE Years Months Days If LESS then	I last saw h. L. elive on
63 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trede, profession, or perticular kind of work done, as SPINNER,	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done as SILK MILL	pl de
CAW MILL DAMY -A-	Chronic Myorardilis. 1930
10. Date deceased lest worked et this occupetion (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Az blo the land tillia
	Wow & Mumous graces
13. NAME Thanks Myers 14. BIRTHPLACE (city or town) Sample Mann	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Zoneman	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Served State (Address) Barrens & Mod	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Length Street Date 1,1987	Nature of injury
19. UNDERTAKER T. Z. Samen 4 Co	24. Was disease or injury in env way releted to occupation of deceased?
(Address) Keedyprille, Md.	If so, specify
20. FILED Feb 6 1937 Mont Kerhuin Daguehart	(Signed) M. D.
Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2148
County Charlington	Registration Dist. No. 316
Village or City Kee Capille	No. St., Ward
1/0	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
c c1. U	
2. FULL NAME Oue Clisa Cro.	2000CAULS. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jerusle With Topossid.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, I HEREBY CORTIEY. That I attanded deceased from
HUSBAND of Cross Co. Trosamella	1937 to July 1937
6. DATE OF BIRTH (month, day, and year) Marels 30.1867	Hast saw h. A. elive on Frede 74 1997; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, at
69 10 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
9 Trade profession or particular	were es follows:
SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL. SAW MILL, BANK, etc	Centle Demarchase 7/8/8
9. Industry or business in which work was dona, as SILK MILL	
SAW MILL, BANK, etc	
10. Data daceasad last worked at this occupation (mpnth and 1937)	
12 decupation 2 de	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
=	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there are eulopsy? Was there are eulopsy?
E TO MAY THE STATE OF THE STATE	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
One to be the	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT DECAY U. STORMER	Specify whether injury occurred in thousand, in nome, or introduct reads.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Leadyaulle md, Date ett. 101, 19.3.7	Natura of Injury
THU DE LOS	24. Wes disease or injury in any way related to occupation of deceased? 720
19, UNOERTAKER (Addrass)	If so, specify
must ele. 9. 139 BA Stocker	(Signed) A Janesty M.D. M.D.
Regigner.	(Actress) Zaguston Del

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Francisco de la constanta de l			-
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year
25/62/19/19/29/29			

LION

S. No. 1

1000

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Washington Registration Dist. No. Hagerstown 319 Westside Ave. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred______wrs._____ds. How long In U.S. if of foreign birth?______wrs._____mos._____ds. 2. FULL NAME Vada Kiracofe Gruber 319 Westside Ave. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DAVORCED (write the word) February Female white (Month) (Day) (Year) 5a. If married, widowed, or divorced CERTIFY, That I attended deceased from (or) WIFE of Gravson Gruber July 11 February 37 February 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above 1 dayhrs 39 The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 9 or____min_ were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc. Chronic myocarditis 9. Industry or business in which work was done, as SILK MILL, (permanently disabled chronic arthritis SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ____ Other Contributory Causes of importance: Hagerstown 12. BIRTHPLACE (city or town) Maryland (State or country) Chronic septic arthritis FATHER Elmer Kiracofe 13. NAME Staunton Virginia 14. BIRTHPLACE (city or town) Name of operation_____ (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME Mavelda Fox 23. If death was due to external causes (VIOL ENCE) fill in also the following: Mt. Pleasant, Maryland 16. BIRTHPLACE (city or town Accident, suicide, or homicide?______ Date of injury______ 19 (State or country) Where did injury occur?.. (Specify city or town, county and State) Elmer Kiracofe Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Hagerstown Maryland (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. A. K. Coffman 24. Was disease or injury in all 19. UNDERTAKER related to occupation of deceased? Hagerstown. Maryland (Address) If so, specify Registrar. (Address) _

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis MAR 8	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1	1			
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item PHYSICIANS stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

ARGIN RESERVED

WRITE

V. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			980	
County Wash			Registration Dist. No. 13	01
Village on William	nspri	<i>f</i>	No. 120. St. Comacockague St. death occurred in a horpital or institution, give its NAME instead of street	Ward
Length of residence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Elizahe	T-P 19	+1.11-		
	Was	you pra	U. S. Veteran, specify WAR	
(a) Residence: No. 1200 to	(Usual place	of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH Feb. 9.	, 193.7
5a. If married, widowed, or divorced	- My Jun		(Month) (Day)	(Year)
HUSBAND of Of Wisham.	Loure	Harrison	1 HEREBY CERTIEY, That I atter	nded deceased from
6. DATE OF BIRTH (month, day, and year)	Dec 7	1859	I last saw h w alive on Feb. 7 , 193	D.7.; death is said
7. AGE Years Months	Days	if LESS than	to have occurred on the date stated above, atm.	
77 2	227	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
8. Trade, profession, or particular	6/	0	14 00	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House	will	March medited Levenil	1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	a April Page Told	Selection (1		
10. Date deceased last worked at this occupation (month and year)	11. Total t	ime (years) nt in this upation	\\	
I de la	1		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Journal (State or country)	To a		Contains a Comment	7-
	ly	11	Tilling presions	1
10	Inst			
14. BIRTHPLACE (city or town)	unga		Name of operation Date	
		2 101	What test confirmed diagnosis? Was there	
15. MAIDEN NAME Loath	grove	1	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	recor		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	01	,	Where did injury occur?(Specify city or town, county and	d State)
17. INFORMANT	emple	wn	Specify whether injury occurred in INOUSTRY, in HOME, or in PÜBLI	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2/		Manner of injury	
Place Williamsport	Date	1-1, 19.3-7	Nature of Injury	
19. UNDERTAKER L. F.	Reec	her,	24. Was disease or injury in any way related to occupation of deceased	
(Address) + with	B. Bu	J' ma	If so, specify	10
20. FILED T. 20. 19. 19. 19. 10	to obse	Registrar.	(Signed) (Address) Addless (Address)	X m

If more blanks are needed, address State Registrar, 2411 N. Charles Speet Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
23		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

	. PLACE OI	F DEA	TH	I WIAIN	LAND	CERTIFICATE OF BEATH	
	County	Wash	ington.			Registration Dist. No. 303	
	Village or Ci		Mooresvi	lle. Mo		No. St Ward	
					(1)	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.	
:	. FULL NA	WE ME	argaret	Pricill	a Helser	If U. S. Veteran, specify WAR	
	(a) Residence	ce: No.	Mooresv	ille, 1	Id.	St., Ward.	
				(Usual place	of abode)	If nonresident give city or town and State	
			D STATISTI			MEDICAL CERTIFICATE OF DEATH	
3.	Female	4. COLO	r or race lite	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feby. 12, 193 7 (Month) (Day) (Year)	
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	Henry H	lelser		22. / I HEREBY CERTIFY They I attended decaased from	
6.	DATE OF BIRTH (month, da	y, and yeer)	larch 1	, 1849	Hast saw h alive on Feb. 10, 1937; death is said	
7.	AGE Yee	87	Months 11	Days 11	If LESS than 1 day,hrs. ormin.	Work as follows: Or DEATH and length Capses of importance	
NOI	8. Trade, profes kind of w SAWYER,		articular as SPINNER, PER, etc.	Iome Wo	ck	Fracture right hip gar. 30	
OCCUPATION	9. Industry or 1	ousiness in	which SILK MILL, etc	ois Tro		Chrony osteonyelitos	
000	10. Date decease	d last wor	ked at	spe	ima (years) nt in this upation	Elisa myocardita	
12.	BIRTHPLACE (city		Sylvar	1		Other Contributory Causes of importanca:	
ER	13. NAME P	eter	Zimmern	กลท			
FATHER	14. BIRTHPLACE (Stata or	(city or to	Q 7 -	7an		Nama of operation	
2	15. MAIDEN NAM			Brewe:	r	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?	
MOTHER	16. BIRTHPLACE (State or	(city or to	C.	lvan		23. If death was due to external causes (VIQL ENCE) fill in also the following: Accidant, swicide, or homicida? Data of Injury	
17.	INFORMANT	Mrs	Frank			Where dld injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATI	ON, OR R	EMOVAL		· 14 ₁₉ 37	Mennar of Injury Jellow Aleps:	
19. UNDERTAKER Snyder-Rowland Funeral Home (Address) Hancock, Md.			and Fun	eral Home	24. Was disease or injury in any way related to occupation of deceased?		
20,	FILED POL-	3	19.37	d.u	Reg Registrar.	(Signed) Hefut R. Johns, M. D. (Address) Hancack Md.	
			If more b	lanks are needed, o	ddre State Registra	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	-	(93-0)	
County / ashing on		Registration Dist. No.	300
Village or City Short 192	red Thyrs 5 mos	No. death occurred in a horpital or institution, give its NAME instead of ds. How long in U.S. if of foreign birth?	
2. FULL NAME Lohn ZA	Limes -		- L
(a) Residence: No.	al place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DI	EATH
nalz Hith Wi	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH 2 24	193.7
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	phine Deck	THEREBY CERTIEY, That	attended deceased from
6. DATE OF BIRTH (month, day, and year) May	8 18591	I last saw h alive on	, 19; death is said
7. AGE Years Months 0.6	eys If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	ly Clark	Arthrio Schrosin	Data of one at
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	. Totel time (years)	Phrone mysearkete	1930.
this occupation (month and year) 12. BIRTHPLACE (city or town)	spent in this occupation	Other Coutributory Causer of Importance:	
(Stete or country) Wash Co	times	Mrema	2/12/5
13. NAME 11. BIRTHPLACE (city or town) 12. (State or country)	burg ma	Warne of operation	1
15. MAIOEN NAME May 3 16. BIRTHPLACE (city or town) 1 3 1	man	23. If death was due to external causes (VIOL ENCE) fill in also th	ne following:
16, BIRTHPLACE (city or town)	The state of the	Mere did injury occur? (Specify city or town, cour	nty and State)
17. INFORMANT Allicum O (Address) Washing Con	8 C	Specify whether Injury occurred in INOUSTRY, in HOME, or In I	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2=27 ,1937	Manner of injury	
19. UNDERTAKER A Succession (Address) Randus wills	my+Co	24. Was disease or injury In any way related to occupation of de	ceased? NO
20. FILED 7>6 , 1937 EUGO.	Boy Registrar.	(Signed) Nath Heart (Address) Sharpabury)) Just M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Ng.

V. S. No. 1

WRITE PLAINLY.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	p 5 1937	July 5,1927	Peritonitis	3 days ago
1 60 800 3	U V. 6.			
Other contributory causes of importance:		*	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING	D FOR BINDIN	5
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	IS IS A PERMANI	ENT RECO
mation should be carefully supplied. AGE should be stated EXACTLY. PH	e stated EXAC7	LY. PH
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	e properly classifie	d. Exact
TION is very important. See instructions on back of certificate.	f certificate.	

of OCCUPA-

RD. Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

0 4	1	13
7	27	. 3
Aug	1.3	23

1. PLACE OF DEATH	82-5/
County Washington	Registration Dist. No. 307
Village or City Brownsville	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	fer If U. S. Veteran, specify WAR
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of the word o	21. DATE OF DEATH (Month) (bay) (Yéar)
5a. If married, widowed, or divorced HUSBAND of (or)-WIFE-of Mrs. Lona Hoffmaster	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 23, 1875	I last saw here alive on Held 1937; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated ebove, at
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Westernature or and
9 Andustry or business in which	tions at base of left lungs Quito
work was done, as SILK MILL, / lagman	- Primary Cause & Cenebral hornor hage.
10. Date deceased last worked at this occupation (month and Jan 192) spentin this 36 year)	Augation : Pour days
11/1 1 10 1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Y A Shijng ton County. (State or country)	1./typerturelegy
	a. Alleriol selectures
13. NAME George W. Hoffmaster 14. BIRTHPLACE (city or town). Washington Camply.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? - 900
15. MAIDEN NAME Rachel Carr	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Cecil Comyty	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MYS, Lana Hoffmaster (Address) Bromsville md	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place FRISCOPAL (CONCLERY, Date Oll 21, 1937	Nature of injury
19. UNDERTAKER Plathill Company (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 19th 1922 Cornelius N. Costle	(Signed) Melliam Schnarffler, M. D.
Departy Registrar.	(Address) Brussich 1911

If more blanks are needled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1 Buka will be a
and the second s

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE	ATH			107.0)	
County W	SHIN	STON		Registration Dist. No. 30	2
Village or City	AGER	STOW	N	No. 130 S. POTOM 4 C St. 3	Ward
Length of residence in	city or town where	deeth occurred L.C	(il	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 3.5 yrs. 1.0 mos. 1.8.	ds.
2. FULL NAME	ILPRE	ED CAR	GOL HOV	WAR P If U. S. Veteran, specify WAR	
(a) Residence: No				St. 3 Ward.	**
(a) Hooldenbo. Ho		(Usual piace	of abode)	If nonresident give city or town and State	
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	LOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Yes	7
5a. If merried, widowed, or d HUSBAND of	ivorced				
(or) WIFE of				22. THEREBY CERTIFY, That i attended deceased	1 from
6. DATE OF BIRTH (month,	day and year) A	PR 21	1901	Hest saw her elive on 246 9 1937: death i	is seld
7. AGE Years	Months	Deys	If LESS then	to heve occurred on the dete stated above, at	
35-	10	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:	
8. Trade, profession, or	perticular			Date of	onset
	ne, es SPINNER, KEEPER, etc			Jorm chopneumania tel.	64
9. Industry or business work was done,	SSILK MILL,				
9. Industry or business work was done, SAW MILL, BAN 10. Date deceased last this occupation (yeer)	worked at	spe	ime (years) ntin this upation		
	YOR		upation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or tow (State or country)	(n)	~ / 1		Rachite Definit of Spire and 19,	
1	S. How	ARD		10000	2/
13. NAME ED W.			6	Name of the State	
(State or country	town)	2 Co , f	- 1	Name of operation Date of What test confirmed diagnosis? Wes there en eutopsy?	
15. MAIOEN NAME		-	UT	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:	
I 6. BIRTHPLACE (city of	FIN	LEYO	HIO	Accident, suicide, or homicide?	
(State or country				Where did injury occur?	
17 INFORMANT - Be	to ZA	oware	1	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) 4 1	N. PUK	ESTY	OBIC, PA		
18. BURIAL, CREMATION, OF	R REMOVAL	Dete Feb	11 1937	Menner of injury	,
19. UNDERTAKES 7	K. Cale	man		24. Was disease or injury in my way releted to occupation of deceased?	
(Address)	2/11	entours	- mld	If so, specify	
20. FILED 2 - 9-	1931	mast	Bowers	(Signed) Mulip Fl Holling	_M. D.
A 4 2	-	4-6	Registrar.	(Address) Algstone Ged	

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE-PLANCY, WITH UNFADING INK-THIS IS A PERMANENT REC V. S. No. 1

should state

PHYSICIANS Exact statement

EXACTLY.

stated

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

ARGIN RESERVED FOR BINDING

properly classified.

of OCCUPA-

D. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1

ry item of inf	NS should st	nt of OCCUP	/
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of int	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
EKMANEN	EXACTL	y classified.	te.
SISAP	stated	properly	certifica
INK-THIS	should be	t it may be	on back of
NEADING	pplied. AGI	erms, so tha	instructions
Y, WITH U	carefully sur	H in plain t	ortant. See
TE PLAINL	should be c	E OF DEAT	TON is very important. See instructions on back of certificate.
WRIT	nation	AUS	NOL

		MARYLAND—	CERTIFICATE	OF DEATH	2155
1.	PLACE OF DEATH		(1248)	-	327
	County CO	TELLE	11/0.1	Registration Dist. No.	>
	Village or City	warm.	No. V Control in a hospital or institu	ution, give its NAME instead of street an	Wa
	Length of residence in city or town where death			ol foreign birth?yrs	
2	FULL NAME COARS	1 Hanne	& Sunde Veteran,	specify WAR	
0.1	(a) Residence: No. 823-4	prayet 201	St., 5 Ward.	, opoony ***********************************	
		(Usual place of abode)	Wardi	If nonresident give city or town a	nd State
	PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	
3. S		INGLE, MARRIED, WIDOWED. R DIVORCED (write the word)	21. DATE OF DEATH	Jeh (Month) (Day)	, 193 (Year)
5a. I	If married, widowed, or divorced HUSBAND of			, , , , , , , , , , , , , , , , , , , ,	(1041)
	(or) WIFE of	Davis	22. THEREB	Y CERTIFY, That I ettend	ed deceased fr
6. D	ATE OF BIRTH (month, day, and year)	ug 15,1884	1 last saw h alive on	Jan 6, 19 3	7.; death is s
7. A	GE Years Months	Days If LESS than 1 day,	to have occurred on the dete stat		'
1	53 3	ormin.	The PRINCIPAL CAUSE OF DEA	TH and related causes of importance	Data of on
Z	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	etires,	1	1:00	
TION	SAWYER, BOOKKEEPER, etc.	x of trix.	Mome 11	Segozarantes	W
CUPA	9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	han Lumes	wante car	las alles	200
000	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	7		
	12 ,,,,,	me low	Other Contributory Causes of imp	portance:	
12.	(State or country)	1	Tink Ti	tues	
ER	13. NAME / Uly Dr	no	100000		
FATHE	Lace	nound	Name of operation.	Data of	
FA	14. BIRTHPLACE (city or town) (State or country)		Whet test confirmed diagnosis?	Zerous Was there a	n autopsy
HER	15. MAIDEN NAME	serena.		auses (VIOLENCE) fill in also the follow	
— [16. BIRTHPLACE (city or town)	<i></i>		Date of Injury	
2	(State or country)		Where did injury occur?	(Specify city or town, county and S	State)
17.	INFORMANT Mus - Clem (Address) 823 Fanal	owers	Specify whether Injury occurred	In INOUSTRY, In HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	7-6 8	Manner of Injury		
	Place Of Auth, 1 2 Co	nte	Nature of Injury		
19.	UNDERTAKER (Address)	anter ton	24 Was disease or injury in any	wey related to occupation of deceased?	<i>t</i>
20.	FILEO 2 - 6 - 1937 6KB	Registrar.	(Address)	con den	100 M
-	70 11 1		2411 N. Charles Street, Baltimore, h		A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis		Date of onset	The principal cause of death and related causes of importance were as follows:	5 Date of onset		
		1915	Attack of epilepsy	1 week ago		
		1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago		
	ELINBEATI V. C		€,			
Other contributory cause	es of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				197.5		
			5			

B. WRITE

V. S. No. 1

17	2	pr	0
1	1	C	11
	1	U	U

1. PLACE	OF DEATH				(95P)			5 4 .
County	Washington	a				Registration	Dist. No.	502/
	City Hagerst			No. 229 death occurred in a horp	ital or institution,		instead of street	
	AME Joseph			If U. S.	. Veteran, spe	cify WAR		
(a) Reside	ence: No. 229 W	est Frank		St. Wai	rd	If nonresident	give city or town	and State
PERSO	NAL AND STATIS		And the second second second	MED	ICAL CER		OF DEAT	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF D				
Male	White	OR DIVORCED Widov	(write the word)	Feb	ruary	Month)	22 (Day)	, 193 7 (Yeer)
5a. If merried, wide HUSBAND of (or) WIFE of	Anna	/		22. 1 HE	REBY	ERTIF	Y. That I etten	ded deceased from
6. DATE OF BIRTS	(month, day, end yeer)	ov. 21, 1	.875	I last saw heart		7-18	-3 /19	deeth Is said
	ears Months	Deys	If LESS than	to heve occurred on th		STATE OF THE RESERVE		
62	3	1	I dey,hrs.	The PRINCIPAL CAUS	SE OF DEATH a	nd related cause	es of importance	Date of onsei
8. Trade, pro	fession, or perticular						11.1	Date of onse
SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc			Cony	eshor	Hear	Hallur	2-10-1.0
9. Industry of work w	r business in which res done, es SILK MILL, ItLL, BANK, etc	W. P. A.	Worker	care fil	9		<u>/</u>	
	ItLL, BANK, etcased last worked et	11. Totel ti		6	y rheum	atic Leven	er son carl	y youther
	cupation (month and	span	t in this				e C	en & P
1 36017.			pation	Other Contributory Ca	nuses of Importan	nce:		
12. BIRTHPLACE (erstown		2/	A			1000
(Stete or co		77		Trys	colum	con	•••••	1730
13. NAME	Jacob R. Ke			(-//				
	CE (city or town)	Va•		Neme of operation	*************		Date	of
) (State	or country)			What test confirmed d	liegnosis?		Wes there	an eu!opsy?
15. MAIDEN N	IAME MUSCUS	occin		23. if death wes due to	external causes	(VIOLENCE) fil	I in eiso the foild	wing:
	CE (city or town)	when		Accident, suicide, or h	?			
17. INFORMANT	Daughter Mrs	s. Geo. N	liller	Specify whether injury	y occurred in IN	(Specify city or IDUSTRY, In HO	town, county and ME, or in PUBLIC	State) PLACE
18. BURIAL, CREM	ation, or removal agerstown	Date Feb.	24 ,19.7	Manner of injury				
19, UNDERTAKER . (Addiess)	F. W. Krais	ss, Hager	stown	24. Was disease or injuit if so, specify	ury in any wey i	related to occup	etion of deceased	?
20, FILED Z-	24-,1937-6	shaffli	Bocesy Registrar.	(Signed) (Address)	Sal	Jus	De 1	mol. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 8 1937	July 5,1927	Peritonitis	3 days ago
A PREMI V. 8	الما		*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- A.	STATE OF MARYLAND	-CERTIFICATE OF DEATH 2157
infor- state UPA.	1. PLACE OF DEATH	107-0
CCC	County Washington	Registration Dist, No. 30 2
should of OCC	Village or City Hagerstown	No. 2 09 Summer St., 2 Ward
TY in		If death occurred in a hospital or institution, give its NAME instead of street and number) as. d. How long in U.S. if of foreign birth?
Every CIANS ement	2. FULL NAME Patricia ann K	elly If U. S. Veteran, specify WAR
RD. YSI stat	(a) Residence: No. 209 Summ (Usual place of abode)	SE, 2 Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (10, 193)
NENC TL	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
NAANEN X A C T I classified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
-	6. DATE OF BIRTH (month, day, and year) Hore. 5-1935	I last faw h. 9 alive on allo, 9, 137; deeth is seid
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 2.50 km.
IS A PE stated E properly certificate	1 3 3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
he s be p of ce	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	B
-	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Then che premony fairly
INK-T should t it may on back	Q 10. Date deceased last worked at 11, Total time (years)	0
0 t W H	this occupation (month end spent in this occupation occupation	
A(A)	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
	(State or country)	Deart failing Jeff
	I 13. NAME Bernard Kelly	
su su in	14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of No.
WITT fully a pla	15. MAIDEN NAME Elsie 11 Plusation	What test confirmed diagnosis? A Law Was there an autopsy? 23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
INLY, W) be carefu EATH in j important.	15. MAIDEN NAME ELSE N Please 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
De c be c EAT	State or country)	Where did Injury occur?(Specify city or town, county and State)
	17. INFORMANT Mrs Beneral Kell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Hagerstown med	
	Place Hageritor Date 2/12 , 193	Menner of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER &- M. Suter 8 tons	24. Was diseaso or injury in any way related to occupation of deceased?
FOH	(Address) Auguston ma	If so, specify
(4)	20, FILED & - 12 - 1907 10 MOSS TO OCCOM	(Signed) M. D

ate of injury______ 19____ wn, county and State) E, or in PUBLIC PLACE. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arleriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Bandward of Bandwa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2158
1	1. PLACE OF DEATH	——— Gia
	County Washington	Registration Dist. No. 30 Z
	Village or City of Communication	No. 821 W. Washington St., 2 Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
	2. FULL NAME Harry Co. Kershi	LEL If U. S. Veteran, specify WAR
	(a) Residence: No. 821 W. Washings	ast. 2 Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 /9 102 7
	Male while married	(Month) (Day) (Year)
	5e. If married, widowed, or divorced HUSBAND of (or) WIEE of	22. I HEREBY CERTIFY, That I attended deceased from
	missi may ou.	7/17 10 119 19.37
te.	6. DATE OF BIRTH (month, day, and year) aug. 3-1871	I last saw h. alive on
certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, et
ert	S O O Or min.	were esfollows: Date of onset
o jo	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Chrow'C EndoCardetis ?
	9. Industry or business in which work was done, as SILK MILL,	alecto Cold the day
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	acce & ac
no s	this occupation (month end spant in this occupation occupation	
instructions	Markington fraut	Other Contributory Causes of Importance:
ruct	12. BIRTHPLACE (city or town) (State or country)	Tossible a heavy Evenues.
nstı	13. NAME Martin Kershner	meato
See i	14. BIRTHPLACE (city or town). Hagersform	Neme of operation Date of
	(State of country)	What test confirmed diagnosis? Was there an eu'opsy?
important.	15. MAIDEN NAME Susan V. Miller 16. BIRTHPLACE (city or town). Washington Ro	23. If death was due to external causes (VIOLENCE) fill in also the following:
ort	16. BIRTHPLACE (city or town) Mashurghan (State or country)	Accident, suicide, or homicide?
imp	M. M. Hall	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	17. INFORMANT // A fracy continued Ind	Openly whether injuly decurred in into Strict, in 15 me, or in 15 belo 1 Ends.
a ve	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
N is	Plece Dioaafoury Dete 722,193.	Neture of injury
TION	19. UNDERTAKER Go M. Suter & Sous	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Hagentonn md	If so, specify the Duelle A
	20. FILED 2 - 2 2, 1937 May Thoward	(Signed)M. U.
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
----------------------------------	-------------	-----------

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	PLACE OF	DEATH			(06.2)	
	County Va	shington			Registration Dist. No.	
	Village or Cit	y Williams	port. F		NoSt.,	Ward
		ence in city or town where		217	death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?	ds
2	. FULL NAM	E Susan Ida	Rowe 1	Kershner	If U.S. Veteran specify WAR	
			lliamsp		R Station	
	(a) Nesidence	5. 110. 4(<u>V</u>) 24.	(Usual place	of abode)	If nonresident give city or town and State	
	PERSONA	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	'emale	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Feb. 25 25 ,193 3 (Month) (Day) (Yea	7
5a.	If married, widowe HUSBAND of (or) WIFE of		lborn K	ershner	22. HEREBY CERTIFY That I attended deceased	_
	ATE OF BIRTH /-	nonth, day, end year) J	niin mir	28.1856	I last sew hall alive on Fib. 25, 1937; deeth I	P-4
7. /			Days	If LESS than	to have occurred on the date stated above, at 96 m.	3 341
	81		25	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
-	8. Trade profess	ion, or perticular	1 -2	1 01	were as follows:	onset
	kind of wo	BOOKKEEPER, etc.	*****	plant air	Dronolise Taxis. 19.	30
OCCUPATION	9. Industry or be work was SAW MILL	usiness in which done, as SILK MILL, * , BANK, etc	fe ada ada ada ada ada ada	Ne afe ap afe		
000		l last worked et etion (month end	spi	time (years) ent in this upetion		
12.	BIRTHPLACE (city (State or count	or town) Downsy:			Other Contributory Causes of Importance:	
2	13. NAME Ri	chard Rowe				
FATHER	14. BIRTHPLACE ((city or town) DOWN!	sville :	District	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?	
HER	15. MAIDEN NAM	E Susan Sn	vder		23. If death was due to external causes (VIOLENCE) fill In also the following:	
MOTH	16. BIRTHPLACE ((city or town) Down	sville .	District	Accident, suicide, or homicide?	
17.	Title Olimination acceds	iss Susan J	Kershne Statio	r	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATI	ON, OR REMOVAL	otomic -	eb. 28,37	Manner of Injury	
19.	UNDERTAKER(Address)	Edith V.	Leaf	nd	24. Was disease or injury In any way related to occupation of deceased?	
20.	FILED July	7, 1927		Registrar.	(Signed) (Address) Williams Land	2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	6	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B See instructions on back of certificate.

TION is very important.

should state

STATE OF MADVI AND CEPTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF BEATTI	
1. PLACE OF DEATH	- 50 Y	
: County Washington	Registration Dist. No. 20	2
Village or City Hagdie town (If	No. 230 E. Antielan St., death occurred in a hospital or institution, give its NAME instead of street and	3 Ward
Length of residanca in city or town whera daath occurred13_yrsmos	ds. How long in U.S. if of foreign birth?yrsr	mosds.
2. FULL NAME More A Langhe	If U. S. Veteran, specify WAR	
(a) Residence: No. 230 C. antietar	st. 3 Ward.	
(Usual place of abode)	If nonresident give city or town an	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE ORDIVORCED (wij) the word)	21. DATE OF DEATH 7eb 2	
5a. If married, widowed, or divorcad	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	Jacky 1/ 1936 to Feb. 2	d deceased from
6. DATE OF BIRTH (month, dey, and year) March 12, 1868	Alest saw h To elive on Feb. 1, 193	2; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et! Am.	
68 10 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Caracuma Pl. Planne	aug, 1932
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end) 11. Total tima (yaars) spent in this	Caremomatoris or	00/5
year) Lip July occupation	Other Contributory Causes of Importance:	
(State or country)		
13. NAME Henry Canablin		
14. BIRTHPLACE (city or town) Near Suencostle	Name of operation Runors Rt Manuage Date of	1932
(State or country)	What tast confirmed diagnosis? Wes there are	
15. MAIDEN NAME anna Royer 16. BIRTHPLACE (city or town). Near French	23. If death was due to external causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide?	
(State or country)	Where did injury occur?	
17. INFORMANT Mrs Clinton Hybes (Addrass) Sugarcastle Pa	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Hagustown MU Date Tev 0 , 199. 1	- Natura of injury	
19. UNDERTAKER Stoll & Minnich & Son	24. Was disease or injury in any way ralated to occupation of dacaasad?	no
(Address) Haglistonn Md.	If so, specify	
20. FILED 2-3- 1937 10 Mast 118 owers	(Signed) W John Jan	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:	and something	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ARGIN REDERVED FOR BINDING	FOR BINDING
-WRITE PLAINLY, WI'	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	S IS A PERMANENT RE
mation should be careful	mation should be carefully supplied. AGE should be stated EXACTLY.	e stated EXACTLY.
CAUSE OF DEATH in p	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	e properly classified. Exa
TION is very important.	TION is very important. See instructions on back of certificate.	f certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County Was a state of the state	Registration Dist. No.
Village or City Hageistown	No. 6 9 Constitute All Cast., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurred # Dyrs	
2. FULL NAME James a. fuc	If U. S. Veteran, specify WAR
(a) Residence: No. 639 Entour Pla	est. 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 22 102 7
male while manied	(Month) (Day) (Year)
5a. Il married, widowad, or divorced HUSBANO ol (or) WIFE of Elizabeth	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) SUC. 13-1855	i last saw has alive on 2-18-37, 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et_U:JO_m.
8/ 2 /0 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wara as follows:
8 Trade profession or particular	2 Outra or onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stangnene Bt foot 1936
9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	<i>A</i>
kind oil work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oata daceased last worked at this occupation (month end year) occupation.	
	Other Contributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	at 1970
13. NAME Hun. Lucas	- Lander Control of the Control of t
13. NAME / Land - Land	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en europsy?
15. MAIDEN NAME I sabell Hippensteel	23, if death was due to external causas (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Sabell Hippensteel 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whara did injury occur?
17. INFORMANT Mrs. Elizabeth Lucas	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace Shippentung Oate 7 25,193"	Nature of Injury
19. UNDERTAKER 6-14. Suiter & Sons (Address) & Aggest Forum Mid	24. Wes disease or injury in any way releted to occupetion of daceased?
20. FILEO 2/25/, 1937 Chorth Boward Registrar.	(Signed) (Address) Manager How Holl (M. O.
Kegistrar.	2411 N. Charles Street, Baltimore, Populating V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 8	July 5,1927	Peritonitis	3 days ago
PURPOSIT V	3. 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state of infor-

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Washington Village or City Hagerstown of Langth of residence in city or town where death occurred. 2. FULL NAME William A. Lukes (a) Residence: No. 206 N. Locust (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male White 5a. If married, widowad, or divorced HUSBAND of Sarah M. Lukes. (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate. 7. AGE Years Days 53 1 day,hrs or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPATION Salesman 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... back 11. Total time (yaars) spent in this 30 ye 10. Date deceased last worked at this occupation (month and occupation instructions York 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town)

(Stata or country)

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

Sarah M. Lukes

Hagerstown.

Hagerstown

Cemetoate Feb 19

Fred W. Kraiss.

15. MAIDEN NAME

(Address)

17. INFORMANT

19. UNDERTAKER

MOTHER

NOIL

2162

11-21		2	02
712 7 1		חוו שוני וויי	
No. Washington f death occurred in a hospital or institu s ds. How long In U.S. if o		OSDITA ISt., ME instead of street and yrs.	
If U. S. Veteran,	specify WAR_		
St., # Ward.	If nonresid	ent give city or town er	d State
MEDICAL C		TE OF DEATH	id State
21. DATE OF DEATH	Feb	יי רי	r
	(Month)	(Day)	, 193(Year)
22. J HEREBY	CERTI	F.X. That I attende	d decaased from
	, 19 ≥ } , to_	Jeh. 1	719.37
I last saw h_ elive on	Jah.	17 ,19.3	7; deeth is said
to have occurred on the data state		P. Mme	
The PRINCIPAL CAUSE OF DEAT were as follows:	IH and releted co	euses of importance	Date of onset
Court S.	far	1	Jel 1537
prom			
rs	***************************************		
Other Contributory Causes of Impo	ortence:		
La Forma	al-	***************************************	
Neme of operation		Dete of	2
What test confirmed diagnosis?			Les
23. If death was due to externel car	uses (VIOLENCE) fill in also the followi	ng:
Accident, suicide, or homicide?		Dete of Injury	, 19
Whare did Injury occur?			
Specify whether Injury occurred in	n INDUSTRY, In	HOME, or In PUBLIC F	PLACE.
Manner of Injury			
Natura of Injury			
24. Was disaase or injury In any w	ay related to occ	cupation of deceasad?	
If so, specify	4	1ath.	<u> </u>
(Signad) (Address) 4	leist	sun !	Eust M. D.
Acre N. Charles Street Paleimana P.	**************************************	Vi-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Registrar.

If LESS than

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Lanca Control			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ELINES IN THE RESERVE TO THE RESERVE THE R	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2163
1. PLACE OF DEATH	920
county Washington	Registration Dist. No. 30 2
Village or City Handonamile	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calvin & Martin	1f U. S. Veteran, specify WAR.
(a) Residence: No. Hangaranlle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Rhada & Martin	22. I HEREBY CERTIFY, Thet I ettended eccessed from
6. DATE OF BIRTH (month, dey, and year) Nov 7 - 1885-	Hest sew h wi elive on Jan 29 , 1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, et 3.45 Pm.
2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
8. Trede, profession, or perticular	were as follows: Parkenson Dise The Ornet
	Chronic Sudo Carditi
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed lest worked et this occupation (month and	
10. Data deceesed lest worked et this occupation (month end year)	22.2
12. BIRTHPLACE (city or town) Muchalungs	Other Coatributory Causes of Importance:
(Stata or country) Pa	
13. NAME Savid & Martin	
13. NAME Sand & Martin 14. BIRTHPLACE (city or town) Mucusburg	Neme of operation
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME Sarah Eckard	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah Eckard 16. BIRTHPLACE (city or town) Middle fung	Accident, sulcide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Am Phada & Martin (Address) Mangansall mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pilacoppording Chalosto Feb 5 , 1937	Neture of injury
19 UNDERTAKER Scatt 7 Minmil Isan	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) Wagerstown Mr	If so, specify
114	Date XUI, No C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 482 gre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Mari 8	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	E V	July 5, 1927	Peritonitis	3 days ago	
	\$ 1 × 1			17	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2164
1. PLACE OF DEATH	,		
County Washingt	10A	Registration Dist. No. 3	02
Village or City	Langer	No. 141 Summit and	E. 2 Ward
Length of residence in city or town where deeth		f death occurred in a horpital or institution, give its NAME instead of streetsds. How long in U.S. if of foreign birth?yrs	
W	0 -+1 -	M D	mos
2. FULL NAME ! / Carry	garnerme /	Markett U. S. Veteran, specify WAR	4
(a) Residence: No. 1	(Usual place of abode)	Style 2 Ward. If nonresident give city or tow	n and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEAT	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tab. 17	, 193 . 7
5a. If married, widowed, or divorced	married	(Month) (Gay)	(Year)
HUSBAND of Joseph	a.	22. I HEREBY CERTIFY, That I atte	nded deceesed from
6. DATE OF BIRTH (month, day, and year)	20.16-1867	I last saw h. 9 alive on Fol. 17, 15	37; death is said
7. AGE Yeers Months	Days If LESS than	to have occurred on the date steted above, at 3:50 Pm.	
69 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER,	0'0	Influenza	2-6-6
SAWYER, BOOKKEEPER, etc.	ousewy.	1 monetal presumona	2-8-
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	in Home		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month end year)	11. Totel time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Big.	Popl	Other Contributory Causes of Importance:	1927
(State or country)	m. a.	Chronic Orinitis	1927
13. NAME Otho 1	rucks	Coronary / Wombs	6-3-3
14. BIRTHPLACE (city or town) (State or country)	in land	Name of operation Date	101
	JB		re an autopsy?
H	. Jo-www.	23. If death was due to external causes (VIOL ENCE) fill in also the fol Accident, suicide, or homicide? Dete of injury_	~
2 16. BIRTHPLACE (city or town) (State or country)	angland	Where did Injury occur?	
17. INFORMANT This Olive	Martin	(Specify city or town, county as Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBL	id State) IC PLACE,
(Address)	our ma.	Manage of Injury	
Place Hageistown	ate 2/20 ,1937	Manner of injury	
19. UNDERTAKER &- M. S.	iter 8 fors	24. Was disease or injury in any way related to occupation of decease	d7. 200
(Address) Aagev	your ma	It so, specify W. Howard TR Oger	
1-111-17	MANT TOTOLONIN	(Signed)	M D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TAN DE LE VITALE	NI INVII	T CATE	T CICTURE	O T 1 Y T THE THE TO	A	T TT Y DICTIZITY

V. S. No. 1

ż

	STATE	OF	MAR	YLAND-	CERTIFICATE	OF DEA	ATH 2	1165
1. PLACE OF	DEATH							
County	Vachun	a Jan				Registration	Dist. No.	306
Village or Ci	Nead	P	11	/	A) a	Registration	Dist. No.	
Village of Ci	4 1 2 2 4/1	HI		(1	No	stitution, give its NAM	IE instead of street and	number)
Length of resid	dence in city or town v	when death oc	curred		sds. How long in U.S.			
2. FULL NAM	MEMary	. Ell	eu.	Marl	ni			
(a) Residenc	e No		_		St Ward.			
(a) mosideno	o. 110.	J)	Jsual place	of abode)	valu.	If nonresiden	t give city or town and	d State
PERSON	AL AND STAT	ISTICAL	PARTI	CULARS	MEDICAL	CERTIFICATI	E OF DEATH	
3. SEX	4. COLOP OR RACI			RHED, WIDOWED,	21. DATE OF DEATE	1 1		
trude	male		WORCE!	(write the word)			28	., 193 7
5a. If marriad, widowa HUSBAND of	d, or divorcad					(Manth)	(Day)	(Year)
(or) WIFE of	Scot	A. Jay	lonn	Partin			Y, That I attended	
11	1-22-165	2	0.0-77		nov 2			
6. DATE OF BIRTH (month, day, and year)				I last saw h eliva on_	726 28	19.3.7	Z; death is said
7. AGE Year			Days	If LESS than	to have occurred on the data s			
8	4- 3	•	/	1 day,hrs.	The PRINCIPAL CAUSE OF D	EATH and ralated caus	ses of importenca	10.1.
Z 8. Trada, profess	sion, or particular	11		•	asterio ac	lesas	i	Date of onset
SAWYER,	ork done, as SPINNE BODKKEEPER, etc	fran	u of	Le				1723
kind of w. SAWYER, 9. Industry or b work was SAW MILL 10. Date decease	usinass in which done, as SILK MILL, L, BANK, etc		0	9 40 8	Chrons & 1	Bonglet de	unie	1934
10. Date dacease	d last worked at		11. Total ti spen	me (yaars)				
year)	ation (month and		ocau	t In this pation				
TO DIRECTION AND AND	Near	2211	1.	1.	Other Contributory Causes of it	mportance:		
12. BIRTIIPLACE (city (State or coons		1 9.1	and	œ				
II 13. NAME O	mull.	11						
I	1	An	-	11.		••••••		
14. BIRTHPLACE (State or c		ar 71	ag en	roce	Name of oparation			
	1.1	11	1	11	What tast confirmed diagnosis?		Was thara an	au'opsy?
15. MAIDEN NAM	TEN ary	1 am	ufer	3	23. If death was due to external	causes (VIOL ENCE) f	ill in also the following	g:
16. BIRTHPLACE		an ()	Algo	wille	Accident, suicide, or homicide?		Date of injury	, 19
(State or	country)	sec.a	0 /20		Where did injury occur?	(Sifit	r town, county and Stat	
17. INFORMANT	2 Cara p	Bac	lite	Un:	Specify whether injury occurre	d in INDUSTRY, in He	DME, or in PUBLIC PL	ACE.
(Address)	Sunte	burg	n					
18. BURIAL, CREMATI	ON, OR REMOVAL	Me	M.	1	Manner of Injury			
B. Court	7	Data	man	19.37	Natura of injury			
19. UNDERTAKER	Geo. 18	/	77	-	24. Was disaase or injury in an	y way ralatad to occur	pation of deceased?	
(Address)	Sunty	bens	m	d	If so, specify			
the same	18 27	lista	14	11 11 11	(Signed) (Signed)	house	~	
20. FILED Jet 2	× V, 19,7	24/1	My	guson		7/- /	~ /	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage MAR 8 1831	July 5,1927	Peritonitis	3 days ago		
20 10 10 1 V 1. 1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND-CERTIFICATE OF DEATH

6)	4	0	100
6	-1	Ex	15
	all	1	1

1. PLACE OF DEATH		940	
County Washington		Registration Dist. No. 301	
Village or City Williamsport		No/18- N. Conocochooxie st	Ward
		death occurred in a hospital or institution, give its NAME in tead of street and no	umber)
	_yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME Mary Jane Martin			
(a) Residence: No. No. Conococheagus (Usual place of	e Street	St., Ward.	
PERSONAL AND STATISTICAL PARTIC		If nonresident give city or town and s	Mate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE		21. DATE OF DEATH	
Female White OR DIVORCED (Feb. 26	193 37
5a. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of Charles H. Martin		22. I HEREBY CERTIFY That I attended d	eceased from
		Feb. 1 137, to Feb. 26	1937.
	1889		; death is said
	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.			3/
		Ungua I Latoris	700
9. Industry or business in which work was done, as SILK MILL, Tannery SAW MILL, BANK, etc			
10 Date deceased last worked at this occupation (month and spent) year) 1957 occupa	e (years) n this 8 Yrs		
year) January 15, 196/ occupa	tion	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) Steelton,		2 2 2	
(State or country) Pennsylyvania.		mejocaredetis houses	1930
13. NAME Joseph Spangler			
13. NAME Joseph Spangler 14. BIRTHPLACE (city or town) Cumberland, Co	ounty	Name of operation Date of Date of	
(State of country) & CITIES Y I V CLITECT		What test confirmed diagnosis? Was there an au	opsy?
15. MAIOEN NAME Jane Munimaker		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Franklin, Col	inty.	Accident, suicide, or homicide? Date of injury	, 19
T (date of country) Pennis y I vanis a		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles H. Martin (Address) 118 n. Conococheague.	Ctropt	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION OR PENOVAL Cem	201660	Manner of injury none,	
Placewilliamsport Md Date March	1,,13.93	Nature of injury.	
81.41 109		24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER Outly V- Leut-	11.d -	If so, specify	
Folo 27 27 1 7 Ri	Fail	(Signed) Co Do summer such	u On
20. FILED (1911) 1911 194 (0	Registrar.	(Address) Williams Sout	ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

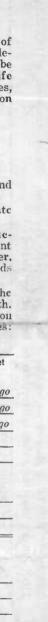
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	~ 13 II	Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	~ 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	-----	-----	---------	------------	----	-----------



STATE OF MARYLAND—	CERTIFICATE OF DEATH 2	167
1. PLACE OF DEATH	1121	
Village or City Hagers town	No.YYash Ca Huspital St. 3	Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and num	nber)
Length of residence in city or town where death occurred yers	ds. How long in U.S. if of foraign birth?yrsmos.	ds.
2. FULL NAME! Dr Wm law Maxti	າງ If U. S. Veteran, specify WAR	
(a) Residence: No. K: dqley Apt Eyyash. St	St., Ward. If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Wary & d Wary & d	21. DATE OF DEATH Fully 2 2 (Day)	93 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded dec	ceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 113° Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	leath is said
Trade, profession, or perticular kind of work done, as SPINNER, Deut's SAWYER, BOOKKEEPER, etc.	ware as follows: Ruemonia -	Z/Z/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation 15 4 75 -		~~~~~
12. BIRTHPLACE (city or town) Walnut Core (State or country)	Other Contributory Causes of importance:	2 day
# 13. NAME (L). 5 TTT ax + ? na		
13. NAME W. S. Trayton - 14. BIRTHPLACE (city or town) V alnut Coye (State or country)	Neme of operation	oneu?
I 15. MAIDEN NAME Alice Laster	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:	pay!
15. MAIDEN NAME Alice Lasley 16. BIRTHPLACE (city or town) (Y) aly d Cure (State or country)	Accident, suicida, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Dr. Byron Martin (Address) Haalts by was 1110	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	Ε.
18. BURIAL OREMATION, OR REMOVAL Jud. Place Trinews Anne Date Feby 23, 1937	Manner of Injury	
19. UNDERTAKER Tradrew T. Coffman (Address) Hagerstown, Md.	24. Was disease or injury In any way related to occupation of deceased? If so, specify)
20. FILED 2 - 23 - , 1937 (Muss H 3 200 N) Registrar.	(Signed) Standard Water Water (Address) Lycey occatain wid	M, D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 9 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A HARAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-LWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOKD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied.

V.S. No 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND—CERTIFICATE OF DEATH	21
----------	-------	--------------------------	----

0	4	0	0
6	1	U	3

1. PLACE OF DEATH	(48) N
County Washington	Registration Dist. No. 300
Village or City Samples manor	NoSt.,Ward
21	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?mosds.
60: 1. 9.0. 6	
2. FULL NAME LOTALE GENE ME STOWN	2. If U.S. Veteran specify WAR
(a) Residence: No. Ompus Mana Mana (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	
Asmale White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cor) WIFE of Stands	22. Nor Je I HEREBY CERTIFY, That I attended deceased from
O. + 9-1801	liast saw her alive on Tell-9, 19.37; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	- 16000
20 1, 17 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8, Trade, profession, or particular	were as follows: Gate of onset
SAWYER, BOOKKEEPER, etc Louise Printer.	
9. Industry or business in which	Carcinome futerus
work was done, as SILK MILL, SAW MILL, BANK, etc.	
fo. Oate deceased last worked at this occupation (month and year) year) year)	
10000 and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town).	
# 13. NAME Thomas L. Me Gown	
I I a man and	Name of a sealing
f4. BIRTHPLACE (city or town) /3///////////////////////////////////	Name of operation Oate of Oate of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIOEN NAME & ILA CO. PINCE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME COLLA CO. PURCE 16. BIRTHPLACE (city or town) - Dargon Mid.	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Frank Corchebuser	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Darsello Ferry R-1	
18. BURIAL, CREMATION, OR REMOVAL MINING	Manner of injury
Place Compute Momen Date 100- 12. 192	Nature of injury.
19. UNDERTAKER L. h. Cacples.	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Bolivar, MJa,	if so, specify
20. FILED 79 ,136 Delf 130y-ere	(Signed)
Registrar.	(Address) Do Novovo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR	July 5,1927	Peritonitis	3 days ago
O PEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u></u>

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	134)
County Washingt	Registration Dist. No. 30 2
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Martin Edgar	n Illuf U.S. Veteran, specify WAR
(a) Residence: No. (Gsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jel _ 1'/ , 193]
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Rose miller	22. JEPHEREBY CERTIFY, That I attended deceased from 13,1937, to 7ele 17,19.37
6. DATE OF BIRTH (month, dey, and yeer) March, 7, 1883	Hest saw h. in alive on Act 16 ,1937; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, et 5 A-m.
53 // / l d orhrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	12 foloral Muol Collecter ?
work wes done, as SILK MILL, R. Cuplouse	
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked et this occupetion (month and year) 11. Total time lyeers spent in this occupation 3.23	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). (State or country)	Julia 7/143/
II 13. NAME NO Road	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Cyplose her Dete of 2/16/37
(State or country)	Whet test confirmed diagnosis? Note & Xeory Wes there en eulopsy?
15. MAIDEN NAME Catherine mills 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country) wash. Co-md	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Of TO TO THE CANADA CONTROL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece wrkettwillendote	Manner of Injury
19 UNDERTAKER ITYA-18 ant 4 Son	24. Wes disease or injury in any wey related to occupation of deceesed?
(Address) Donalow Md.	If so, specify
20. FILED 1 - 18 -, 1937 10 HALF 13 occary Registrat.	(Signed) A. M. Yumbork M. D. (Address) Hourstone and
Aegintar.	Constitution of the state of th

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1. 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•=		

-	4	
0	ŝ	
2	4	
U	ŝ	
Þ	•	

1.0		TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 2170
Co	unty Was	lingget	out,	, Ind	Registration Dist. No. > 306
2. FU	ngth of residence In cit LL NAME Residence: No.	y or town where d	e.11.	Willer	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
PI	ERSONAL ANI	STATISTI	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Ma		OR RACE	5. SINGLE, MARI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) 193 (vear)
HUSE	iad, widowed, or divor SAND of WIFE of	ced			1 HEREBY CERTIFY. That I attended deceased from
6. DATE O	F BIRTH (month, day				I last saw h. Light division . The Jack of the Jack of the said
7. AGE	Yaars	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Data of one et
NOIL 8. Tr	ade, profassion, or pa kind of work dona, a SAWYER, BOOKKEER	s SPINNER, ER, etc			Engly snows
5	dustry or business in work was dona, as SI SAW MILL, BANK, et ate deceesed last work this occupation (mon	c ed at	11. Total ti	t in this	
	PLACE (city or town)	Flan S	greete	pation	Other Contributary Couses of importance:
0≤ 13. N/	0 /	ring. I	Wille	4	
ш	RTHPLACE (city or tow (State or country)	vn) ala	figes	uly	Name of operation Date of Was there an au'opsy?
I	RTHPLACE (city or toy	Har	Emide	stto	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?
17. INFOR	(Stata or country)	Warl	Willer	not	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(A	dress)	MOVAL T	RFI	9	Manner of Injury
19. UNDER	TAKER THESE OF	Be	Hoou	L. J. 182 /	Natura of Injury 24. Was disease or injury In eny way related to occupation of deceased?
	ddress) Suc	atterto	Je for	Mesu	If so, specify
ZU, FILED.	,, I	If more l		Registrar.	(Address) free Action of the Action of t

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

2171

1	PLACE OF	DEATH	1		107	
	County	Washington.		d	Registration Dist. No. 3	3
	Village or Cit	y Clearspri	o Md		NoSt.,	Ward
					death occurred in a hospital or institution, give its NAME instead of street and n	
Z		E Betty Hea			If U. S. Veteran, specify WAR	
	(a) Residence	e: No. Clears	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
	PERSONA	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	. Female	4. COLOR OR RACE White		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Feby Month, 15 (Dev)	193.7
5a.	If married, widowe	d, or divorced				(,,,,,
	(or) WIFE of				22. PIMEREBY CERTIFY That I ettended of	
6. E	OATE OF BIRTH (m	nonth, day, and year) Jar	1. 13, 19	37	1 last saw has alive on Feb. 14, 1937	
7. A			Days	If LESS than	to have occurred on the date stated above, at-6:-30Am.	
	0	1	2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
N	8. Trade, profess kind of wo	sion, or particular ork done, as SPINNER, BDDKKEEPER, etc	T 0 1		Broncho Inlesmone	Petrolyth
OCCUPATION	SAWYER, 1		Infant			
J.	work was	done, es SILK MILL, , BANK, etc	*************			
000	1D. Date deceased this occupa year)	ation (month and	spe	time (yeers) nt in this upation		
12.	BIRTHPLACE (city (State or count	or town)Clearsp	ring		Other Contributory Causes of importance:	
ER	13. NAME RO	y F. Mills				~~~~~~~
FATHER		(city or town). Washin	aton Cou	ntv	Name of operation Date of	
	(State or c	country)	ſd.		What test confirmed diagnosis? Monu Wes there an a	utopsy?
HER	15. MAIDEN NAM	E Minnie Cur	ningham		23, If death was due to external causes (VIDL ENCE) fill in elso the following	
MOTHER		(city or town) Washi	ngton Co	unty	Accident, suicide, or homicide? Date of injury	19
~	(State or o	country)	Md.		Where did injury occur? (Specify city or town, county and State	:)
17.	INFORMANT (Address)	Roy F. Mills Clearspring.			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATII		IVI A		Menner of injury	
	PlaceCle	arspring, Md.	Dete_Feb.	1719.37.	Nature of injury	
19.	UNDERTAKERSI (Address) C	nyder-Rewland learspring, y	-Funeral	Ното	24. Wes disease or injury in any way related to occupation of deceesed?	
20.	FILED.	7.19.37	Will	Leway Registrary	(Signed) A Mary Control (Address) Claure April (Address)	2 Md

If more blanks are needed, add ss State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
STREAM V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No.

	1		1	
1	7	1	1	1
1	1	V	1	F

should item jo statement SICIAN RECORD. PHYS properly THIS pe may pluods that supplied plain carefully in OF DEATH pe should CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH County 20 Registration Dist. No. Village or City (If death occurred in a hospital of institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ______yrs. _____mos.____ds. If U. S. Veteran, specify WAR Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widewed, or diverced HUSBAND of 22. C EAR T I F Y That A attended deceased from certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months If LESS than Davs to have occurred on the date stated above, at . I 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: & Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... of 9. Industry or business in which back work was done, es SILK MILL, SAW MILL, BANK, etc._____ on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this vear) _____ occupation _. instructions Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) wration i one year. Dete of (State or country) Whet test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury_ LON 24. Was disease or injury in any way related to occupetion of 19 UNDERTAKER (Address) If so, specify (Signed) Registrar (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
----------	----------------------	----	-------

0	-0	billy	3
		1	. 1
-	1	-	1,1

1. PLACE OF DEATH	950
County Cousting in	Registration Dist, No.
Village or City Hagustonic Coa	24 No. Co. Howard St., & Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) Level of the long in U.S. If of foreign birth?
$\exists 1$. \bigcirc .	700
(a) Residence: No. 10 to make m	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	193./
Male white married.	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Emile 13. Morgan	19, to
B. DATE OF BIRTH (month, day, and yeer) Solot, 4, 1887	last saw h aliva on, 19; death is sai
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
49 5 1 day, hrs	THE PRINCIPAL CAUSE OF DEATH and I crated causes of importance
8. Trade profession or particular	Found dead in the cak of an en-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Time. Organic Report Gardwels Carrie
9. Industry or businass in which work was done, as SILK MILL, P	VARD WHEA FOUD
SAW MILL, BANK, etc	Had not been attended by a physician fo
	NEART FAILURIZ
year) Johnson 1987 occupation 1999	Other Contributory Causes of importance: twelve months prior to his de
12. BIRTHPLACE (city or town) Cornstrato	
(State or country) Wash. Co. Md.	NO OTHER CAUSE SHOWN
13. NAME John Mergan	100011111 011701-011111
14. BIRTHPLACE (city or town). Rehearth,	Name of operation Date of
(State or country) Wash, C. nd.	Whet test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME & quette. alexander	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?
(State or country)	Where did Injury occur?
Mas Do B M.	(Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17, INFORMANT (Addrass)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Donolmo Mar Date July 12, 193	
PINA BUNKSON	24. Wes disease or injury in any way content to occupation of deceased?
19. UNDERTAKER (Addiess)	24. Wes disease of indify in any way tended to occupation of deceased?
1-11-37 1814 1HT2	(Signad)
20. FILED 1960 1960 Political	(Address) (A A A A A A A A A A A A A A A A A A A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	'IIYSICIAN
---	------------

CTATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(75)
County Washington	Registration Dist. No. 305
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U. S. If of foreign birth?
2. FULL NAME Harry & Morrison (a) Residence: No. 13 (Usualplace of abode)	d. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Selvery - 2 H., 193 7. (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Plorrie E. Morrison	22. HEREBY CERTIFY. That I attended deceased from 1937, to Feb. 24, 1937
6. DATE OF BIRTH (month, day, and year) Quescy - 15. 1899	I last saw h
7. AGE Years Months pays If LESS than	to have occurred on the date stated above, at
38 1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Constitution
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this execution with the control of the con	Scale delatation of heart
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) R. Phasadle	Other Contributory Canses of importance:
(State or country) Work. C. md.	Elloholism
13. NAME no record	
13. NAME TECHNOLOGY 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Celly may movies	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Robustulls (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Florrie C. Morrison	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Place 5 Page 1 - Oate 2 - 1937	Manner of injury
19. UNDERTAKER WYY D. Bast 45 oy	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Dovistro md.	If so, specify G. W. Lellan M. D.
20. FILED (1927 1927 1927 Registrar.	(Address) Born a born.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

is very important.

NOIL

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

4

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1807			
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 2176
1. PLACE OF DEATH	97
County Mashing low	Registration Dist. No. 304
Village or City Janeoch (17 /20)	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in gity or town where death of curredyrsmos	
2. FULL NAME James Allacu 11	humson. 4
(a) Residence: No. Sillon Bachards	Herskieure Jacob If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED, OR OLVORGED (write the word)	21. DATE OF THE (Month) (Day) (Year)
Sa. 1 marriad, widewed, or divorced HUSBAND of (or) VIFE 64	1 HEREBY CERTIFY, That I attended deceased from
Heasaul Cla // www	Clan 25 ,1937, to Feb. 17 ,1937
6. DATE OF BIRTH (month, day, and year) an 23 /87/	flast saw han alive on tile 3, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Todo profession or profitive	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data deceased ast worked at this page from the country in the country of the cou	Cerebral arlanosclerones 1930
9. Industry or business in which work was done, as SILK ALLL	Generaly arteriorden 1930
SAW MILL, BANK, etc	
this open pation (more and 936 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or couptry)	
14. DIRPHPLACE (city or town) 11 11 11 11 11 11 11 11 11 11 11 11 11	
14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
The state of the s	What test confirmed diagnosis? Cleaned Was there an autopsy? No
= Winner Omine	
State or sounty)	Accident, suicide, or homicide?
Herrit P. O 1: Mr.	(Specify city or town, county and State) (Specify city or town, county and State) Specify the ther injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT CHICALLY CESTIVATION (Address)	and injury seconds in interest in, in nome, or in public place.
18. BURIAL, EREMATION, BETREMOVAL PLANTING THE MANAGEMENT OF THE PROPERTY OF T	Manner of injury
A B C A A 'S	Nature of Injury
19. UNDERTAKER Address)	24. Was disease or Injury in any way related to occupation of deceased?
	If so, specify
20, FILED 2/19, 37, J. P. leus Cris. Registrar.	(Signed) Lichard IV John M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (L L V E D)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S/No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I .	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2179
1. PLACE OF DEATH	130
County Washington	Registration Dist. No. 50 2
Village or City Hagerstown	No. Stagesstown (fosfutal St., 3 Ward death occurred in Shorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Samuel la Nieva	Lemus
(a) Residence: No. Edgemont Md	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYDRCED (write the word)	21. DATE OF DEATH
male White Single	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIEY. That I attended deceased from
(or) WIFE of	77.4-10 1957 to 17.15-14 1932
6. DATE OF BIRTH (month, day, and year) march 31 1875	I lest saw have alive on 7 14 19.7 7 death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12/3-m.
61 10 13 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Vesale Mentrili
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end spent in this properties of the properties of this occupation (month end spent in this properties of the profession).	
9. Industry or business in which work was done, as SILK MILL,	unlosted Deoth
SAW MILL, BANK, etc.	100 1/192
ID. Date deceased last worked et this occupation (month end year) year)	Office 24 1 1109 for
CO D - 2 - A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (-Odgeword (State or country)	
13. NAME JOHN a Vicodernes 14. BIRTUPLACE (city or town) Franklini CU (State or country)	
14. BIRLYPLACE (city or town) Thankling (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan a Kahauser	23, If death was due to external cases (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Susan a Rahauser 16. BIRTHPLACE (city or town) Ferandulus (Stete or goundy) Perma	Accident, suicide, or homicide? Date of Injury
(State or county) terms	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Chas of Mesalemus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Whicheste Va	Hanna de la lum
Place Treen Well Date 2/16, 19.3.7.	Manner of Injury
Walt cel	
19. UNDERTAKER Walle Tyrova (Address) Namuabon Pa	24. Was disease or injury In any wey related to occupation of deceased?
(Address) Wayneron 7a	If so, specify (Signed)
20. FILED 2 - 15 - 4927 10 My 10 occess Registrar.	(Signed) M. (Address)
Registrar,	A LALLED A AMAR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and relat of importance were as follows:	ed causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	9 1931	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	All Ve			5 - 0
Other contributory causes of importan	ce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important.

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	OF DEATH			82.0			
	County Washington			Registration Dist. No. 362			
Village or City Hagerstown				No. 121 High Stret			
			O yrsmos	death occurred in a hospital nr institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.			
2. FULL NA	AME Anthony	Augustu	s Peters				
	ence: No. 121 F		eet	St., 5 Ward. If nonresident give city or town and State			
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCEI WIGOW	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 25, 193 7 (Month) (Day) (Yeer)			
5a. If marriad, wido HUSBAND of				The state of the s			
(or) WIFE of	Mollie Pet	ers		22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH	(month, day, and year)	Jnknown	1868				
7. AGE Ye	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated abova, at 12:00 Noon The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, prolassion, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. Laborer 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked et this occupation (month and				Primary cause of Leath: cause of Cerrbral humon hage.			
11113 000	used last workad et supation (month end	spar	ime (years) nt in this upation	Other Contributory Causes of Importance:			
12. BIRTHPLACE (c)	city or town) Adams untry) Pa.	County					
I3. NAME A	nthony Peter	cs		Collawing the cerebral hamorshaper			
4 14. BIRTHPLAC	CE (city or town) Unknown Pa.	wn		Neme of operation			
15. MAIDEN N	AME Unknown			23. If death was due to external causes (VIOLENCE) fill in also the following:			
6 16. BIRTHPLAC	CE (city or town) Unkno	wn		Accident, suicide, or homicide7 Date of Injury			
17. INFORMANT Ivan J. Peters, (Address) Hagerstown, Md.				Whera did injury occur? (Specify city nr town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMA	18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Oate Feb. 27, 19 3			Manner of Injury			
	Fred W. Krai			24. Was disaase or injury in eny way related to occupation of deceased?			
20. FILED. 2	27 ,1937 62	14/1200	Registrar.	(Signed) (Si			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*UKEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County Washing land	Registration Dist. No. 302
	St., 3 Walt death occurred in a hospital or institution, give its NAME instead of street and number)
1/410	01 1 1
2. FULL NAME Offleam Feel	Feellett in S. Veteran, specify WAR
(8) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jelo, 24, 193 7. (Month) (Dex) (Year)
Se. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased fro
701 04 1037	
5. DATE OF BIRTH (month, day, and year) 166, 24 193 7. AGE Years Months Deys If LESS than	I last saw h elive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8. Trede, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	alud in-ulero
D 10. Dete deceased last worked at this occupation (month end year)	
Wa I P 71 +	Other Contributory Causes of Importance:
(State or country)	4
	-
1001	
(State or country)	Name of operation
	What test confirmed diegnosis?
1 1 1 1 1	23. If deeth wes due to externel causes (VIDLENCE) filf In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address)	-
Piece Maria, CREMATION, DR REMOVAL Date plate, 19	Manner of Injury Neture of Injury
19. UNDERTAKER	24. Wes disease or Injury In any way related to occupetion of deceased?
(Address)	If so, specify
20 FILED 3 - 12-1937 Charles	(Signed) Silvalier Wello M
Registrar.	(Address) 115 M. Dolomes 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOTHER

CAUSE

B.

LION

18. BURIAL, CREMATION, OR REMOVAL

(Address)

20. FILED _ / /

plnous

item

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Washington Registration Dist. No. Village or City harpsburg (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 90 vrs __mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAMEGGeorgia (a) Residence: No. Sharpsbur (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Fmale White widowed (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of Jacob Renner 6. DATE OF BIRTH (month, day, and year) Sept. 15 184 7. AGE Months If LESS than Devs to have occurred on the date stated above, et 1 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME Henry Powers

14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_____ Was there an autopsy?.

15. MAIDEN NAME Alice Potter 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury_____, 19_ 16. BIRTHPLACE (city or town) ____ (State or country) Where did injury occur?__

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT TS. Jerome (Address) Sharnshurz Md

Natura of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER LO.

Registrar.

If so, specify

(Address)

Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Transit V. S.	1	•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

state

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(59)	
County Washington		Registration Dist. No. 30 Z	ر	
Village or City Hagerstown (IF		No. Washington County Hospistal 3 death occurred in a horpital or institution, give its NAME instead of street and number))	
			ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Male C	hild of	George R	obinsonm. S. Veteran, specify WAR	
(a) Residence: No. 14 B.	Mulberry (Usualplace	y Street	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE White	ti doubt out thinks of barreau, minutes, modified,		21. DATE OF DEATH Pebruary 3, 1937 (Month) (Day) (Ye	7 Par)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of			22. / I HEREBY CERTIFY, That I attended decease	d from
6. DATE OF BIRTH (month, day, and year)	eby. 3,	1937	19.77, to 2/3 19.77, to 19.77, to 19.77, death	is seld
7. AGE Yaars Months	Days	If LESS than I deyhrs. ormin.	to have occurred on the dete stetad above, at 205 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular			Prenaturity (41/2 mm) Date 2/3	of offset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	••••			
ID. Dete deceesad lest worked at this occupation (month end year)	ans occupation (month one spont in this			
12. BIRTHPLACE (city or town) Hagerstown, Md. (State or country) Md.		Other Contributory Causes of Importance:	*****	
# 13. NAME George Rob	inson			*****
13. NAME George Rob 14. BIRTHPLACE (city or town) Cass (State or country) Pa	andra		Name of operation None Date of	N
		1	What test confirmed diegnosis?	-5
15. MAIDEN NAME Pricilla Hackman 16. BIRTHPLACE (city or town) Paint (Slele or country) Pa.		23. If death wes due to externel ceuses (VIOL ENCE) fill In elso the following: Accidant, suicide, or homicide?)	
17. INFORMANT George Robinson (Address) Hagerstown, Md.		Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL PlaceHagerstown, Md	. Date Feb.	3, 1937	Manner of Injury	
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown, Md.		24. Was disease or injury In any wey related to occupation of deceased?		
20. FILED 2 - 3-, 1937 61	rastiza	Registrar.	(Signad) Hayuta MA	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic;" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 8 LPS	2		
			, ,
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			TV TILIA

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
authorization ochange from "stilllow" & "bow aline see letter
tiled Ander Lusby 3/23/37 als.

V. S. No. 1

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH Was	hwatri	(8250) S A I
Village or City Smith	una	Registration Dist. No. 306
		NOSt.,St., feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city of town where	deeth occurred of wis mos	ds. How long In U. S. if of foreign birth?mos
2. FULL NAME della	ann punne	mo mon a ost se
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATIST		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Flewale White	OR DIVORCED (write the word)	, 193
5e. If married, widowed, or divorced HUSBANO ot (or) WIFE of		(Month) (Dey) (Yea
(or) WIFE of Henry C.	Muman.	22. Sef J HEREBY CERTIFY. Thet I attended deceased
6. DATE OF BIRTH (month, day, and year)	May 22-18-68	I last saw her alive on Feb. 15 , 1937; death 1
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 2.4 32m.
68 /	/ J I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER		Oate of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		arlesion Scherosis 190
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	bususto.	
10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spant in this occupation	Central Newwonhage
12. BIRTHPLACE (city or town) Mary (State or country)	land.	Other Contributory Causes of importance:
13. NAME Cara Bis	un.	
14. BIRTHPLACE (City or town).		Name of operation
(State of Country)	your .	What test confirmed diagnosis? — Was there an autopsy? — Was there are autopsy? — Was there are autopsy? — Was the was
15. MAIDEN NAME Klusilla	Smith.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Purilla 16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide?
(State or country)	grand.	Where did injury occur?
17. INFORMANT Henry C. Price (Address) Cuit	trug md.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	7-17 37	Menner of injury
Place	DateO	Nature of Injury
19. UNOERTAKER Mad Hur (Addless) Smithting	mal forme	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 701 16 , 1937	Seoff Lerguson local. Registrar.	(Signed) MD7Ceface (Address) Smillesley and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ii	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUNEAU V B.			T Avel T
Other contributory causes of importance:	and and	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH	2100
2.6.0	666	10
County Washington	Registration Dist. No. 3	0 2
Village or City	No Washington bounty fist,	War
Length of residence In city or town where deeth occurred	If death occurred in a horpital or institution, give its NAME instead of street is sds. How long In U.S. If of foreign birth?yrs	
2/ + 12 0 1	The second of th	11103u
2. FULL NAME Vesta B. Seis	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give eity or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	+
3. SEX 4. COLOR OR RACE CORDINATED, WIDOWED, OR DIVORCED (registe the word) The merried, widowed, or divorced.	21. DATE OF DEATH 4 & Month 25 (Day)	, 193 7 (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I atten	ded deceased fro
(OI) WIFE OI	Bec 13 1937 10 feb 15	19.37
6. DATE OF BIRTH (month, day, and yeer) (Leuly 14 - 187)	1 1 0 -	3.7 : death is sel
7. AGE Years Month Deys If LESS than	to have occurred on the dete stated above, et 2:25 E m.	7-,
5 8 17 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence	
8. Trede, profession, or particular	were es follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ostes molacia	1835
9. Industry or business in which work was done, as SILK MILL.		
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	Poxic thursid	7
- 1 . Shout till fill?		
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town). & hambers lang		
(State or country)	no	
13. NAME Jacob Bunett 14. BIRTHPLACE (city or town) Chambership (Stata or country)		
14. BIRTHPLACE (city or town) Chambershap	Name of operation Data of	of
	Whet test confirmed diegnosis? Was there	en autopsy?_ LL
15. MAIDEN NAME Mollie small	23. If deeth was due to axternal ceuses (VIOLENCE) fill in also the follo	wing:
15. MAIDEN NAME Hollie Small 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of Injury	19
(State or country)	Where dld Injury occur?	
17. INFORMANT His Seonard Wilberle	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Lagerslown Date 3/1, 193.	Nature of Injury	
0 211 1. 1. 4. 0		11.
19. UNDERTAKER 10: 14 Address)	24. Wes disease or Injury In any wey releted to occupation of deceased?	40
0/14.11.11	Il so, specify	
20. FILED 3 , 1937 May 1 Jowess	(Signed) E. Complett	M.
Registrar.	(Address) Kacerstourn Jud	,

ARGIN RESERVED FOR BINDING UNFADING INK-THIS mation should be carefully supplied. N. B.-WRITE

stated EXACTLY. PHYSICIANS should state

IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

AGE should be

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ADD C 100-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		N	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

1 2 3

sta UP.	1	. PLACE OF DEATH	
of of		County Massey	ugton
E 00		Village or City Toah	do ck
= 0		Length of residence in city or town where	death occurred / 2 vrs.
RD. Every YSICIANS statement	,	FULL NAME	All Alli
IC IIC	1	(a) Residence: No.	
		(a) nesidefice. No.	(Usual place of abode)
RECO PH Exact	_	PERSONAL AND STATIST	TICAL PARTICULARS
E 27	3.	ende White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
E C S	5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	· A .
PERMA I EXA rly class	-	(oi) wire oi Trans	wer Hunes
F3 F3		DATE OF BIRTH (month, day, and year)	Vec 3, 1858
IS A PE stated E properly ertificate	7. /	AGE Years Months	Days If LESS than
IS A stated proper certific	_	8812	ormin.
his be be of c	NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Jame Wor
Should it may in back	OCCUPATION	9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
E sh it it	၁၁၀	fO. Data deceased last workad at this occupation (month and year)	ff. Tolal time (yaars) spent in this occupation
UNFADING II pplied. AGE terms, so that instructions o	12.	BFRTHPLACE (city or town)	role Gunt
FA lied ms,	ER	-13. NAME / Alas/	M. Thounks
sul in to See	FATHE	14. BIRTHPLACE (city or town)	Valak, G.
t pla		15. MAIDEN NAME	Mar.
TNLY, WITI be carefully EATH in pla important.	MOTHER	16. BIRTHPLACE (city or town) (Slata or country)	trokmow x
P D A	f7.	INFORMANT AMOR A	W. Ofan
PLA thould OF D	f8.	(Address) BURIAL, CREMATION, OR REMOVAL	anount //
RITE tion s USE ON is		Place A Jamason	on Date of the 619
Eio Vi		1	

19. UNDERTAKER (Addrass)

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. _____mos. _____ds. If U. S. Veteran, specify WAR_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. CERTIFY That I attended daceasad from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Name of oparation What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causas (VIOLENCE) filt in also the following: Accidant, suicide, or homicide?_____ Dala of Injury_____, f9_ Whera dld injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Natura of injury_ 24. Was diseasa or injury in any way related to occupation If so, specify.

If more blunks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signad)_

day,....hrs.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 7 1931	July 5,1927	Peritonitis	3 days ago
LATAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

2. FULL NAME Of Control of Contro	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2188	
County Village or City of the whole in the City of the whole in U.S. If Justification Dist. No. 2. FULL NAME (a) Residence: No. Fig. 10 County PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COURG OF RACE OR DIVORCED Grain the word) OR DIVORCED Grain the word) OR DIVORCED Grain the word) St. II married, widowed, or divorced grain this part in this saw in Language and the county of th	1. PLACE OF DEATH		
Village or City of cognitive and settle and number of the beautiful and	County Tashington		
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. No. 10 (Charlish Mark) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COURS OF RACE (b) S. SINCLE, MARKED, WIDDOWN (c) No. 11 (Charlish Mark) S. SINCLE, MARKED, WIDDOWN (d) WHE of the word) (e) S. Ilmustride, widowed, or divorced (iv) WHE of the word) 5. SINCLE, MARKED, WIDDOWN (iv) WHE of the word) 7. AGE Years Months Days If LESS than 10 (A)	型分下部下降 医中毒性原生性 打造的	nogistration bist. No.	
2. FULL NAME (a) Residence: No. New Companies of the Act of Companies of the		death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence: No. 1144 (b) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OX, DIVORCED (drive the word) 3. If married, widowed, or divorced 1. SEX 1. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OX, DIVORCED (drive the word) 3. If married, widowed, or divorced 1. DATE OF DEATH 2. DATE OF DEATH 2. If HE REBY CERTIFY, That I attended decessed from 1 days, white or control on the date stated above, at 3. Lan. 1. STADE (Parties) 1. SAN WILL, BANK, etc. 1. Date of BIRTH (month, day, sond year) 1. Date of BIRTH (month, day, sond year) 1. SAN WILL, BANK, etc. 1. Date of BIRTH (month, day, sond year) 1. Date of BIRTH (month, day, sond year) 1. SAN WILL, BANK, etc. 1. Date of BIRTH (month, day, sond year) 1. Date of Country (sond year) 1. Date of Country (sond year) 1. Date of Country (sond year) 1. Date of country) 1. Date of Country (sond year) 1. SAN WILL, BANK, etc. 1. Date of country) 1. SAN WILL, BANK, etc. 1. Date of country (sond year) 1. SAN WILL, BANK, etc. 1. Date of country (sond year) 1. SAN WILL, BANK, etc. 1. Date of country (sond year) 1. SAN WILL, BANK, etc. 1. Date of country (sond year) 1. SAN WILL, BANK, etc. 1. SAN WILL, BANK, etc. 1. Date of country (sond year) 1. SAN WILL, BANK, etc. 1. SAN WILL, BANK, etc. 1. SAN WILL, BANK, etc. 1. Date of country (sond year) 1. SAN WILL, BANK, etc. 1. SAN WILL, B	Length of residence in city or town where death occurredyrsmos	5 ds How long in U.S. If of foreign blrth?ds.	
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OF RACE OR, DIVORCED (enic the word) OR, DIVORCED (enit the word) OR, DIVORCE, OR, DIVORCED (enit the word) OR, DIVORCED (enit the word) OR, DIV	2. FULL NAME DECOMES M Showing	leur /	
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OF RACE OR, DIVORCED (enic the word) OR, DIVORCED (enit the word) OR, DIVORCE, OR, DIVORCED (enit the word) OR, DIVORCED (enit the word) OR, DIV	(a) Residence: No Work & & Hospital	O St Ward	
2. I HER EBY CERTIFY. That, I attended decessed from thusband of the properties of t			
OR DIVORCED (defice the word) So. If married, widowed, or divorced (Month) (Day) (Month) (Day)	PERSONAL AND STATISTICAL PARTICULARS		
Sa. If married, widowed, or divorced (or) wife of (or) wi	in a series in the later of the series in th	21. DATE OF DEATH	
59. If married, widewed, or divorced HUSBAID 19 37, to Table 1		25, 193.7	
6. DATE OF BIRTH (month, day, and year) AND 10 AND 11 I LESS than 1 day, and year) AND 10 AND 11 I LESS than 1 day, and year Months 10 Days 11 I LESS than 1 day, and year 19. 37. to 19.37. death is said to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAWYER, BOOKKEPER, etc.	5a. If married, widowed or divorced	(Month) (Day) (Year)	
6. DATE OF BIRTH (month, day, and year) Aug 5 7 9 30 7. AGE Years Months Days ITLESS than I day	HUSBAND of (or) WIFE of		
T. AGE Years Months Days ITLESS than 1 day. hrs. for. min. By Index or work done, as SPINNER, SAWYER, BOOKKEPPER, etc. SAWYER, BOOKKEPPER, etc. SAWYER, BOOKKEPPER, etc. John Mill, BANK, etc. Date decessed last worked-at spent in this occupation Other Cestributory Causes of Importance: Die of operation. Date decessed last worked-at spent in this occupation Other Cestributory Causes of Importance: Die of operation. Date of operation. What test confirmed diagnosis? Clauses (Was there an autopsy? Market or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed). J. Wh. D. Address) M. D. Address M.	A 15 10-1	, 13	
1 day, hrs. or. min. 8. Trade, profession, or particular kind of work dome, as SPINNER, STAWEE, BOOKEEPER, etc. 9. Industry or business in which was done as SSINKER. 10. Date deceased last worked at this occupation month and support of the occupation month and occupation month and occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIOR, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) M. D. M. D.	6. DATE OF BIRTH (month, day, and year) (Mg 13 = 1736	t last saw her affive on tel 25, 1937; death is said	
8. Trade, profession, or parlicular sind of work done as SPINNER. SAVER, BOOKEPER, etc. 9. Industry or business in which save with welfare as follows: 10. Date deceased last worked at line occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL CERMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of ceased? 10. Date of injury 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL CERMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. (Address)			
Trade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKREPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWIER, BOOKREPER, etc. 11. Total time (years) this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLAGE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Accident, suicide, or homicide? Date of what test confirmed diagnosis? Clauses (VIOLENCE) fill in also the following: 17. INFORMANT (Address) 18. BURIAL, CREMATIOR, OR REMOVAL Place Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) M. D Registrar. (Address) M. D M. D Address) M. D Address) M. D Address) M. D		ware se follows:	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. FILED 10. There is a substance of importance: Other Coutributory Causes Oth	8. Trade, profession, or particular	Primary cause: an upper respiratory infections	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. FILED 10. There is a substance of importance: Other Coutributory Causes Oth	SAWYER, BOOKKEEPER, etc.	Preumonia - Brondial - Chronie Septial:	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. FILED 10. There is a substance of importance: Other Coutributory Causes Oth	9. Industry or business in which work was done, as SILK MILL,	This child had six distinct attacks of	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. FILED 10. There is a substance of importance: Other Coutributory Causes Oth	SAW MILL, BANK, etc.	Grancho-preumonia, Cevia	
Other Contributory Causes of Importance: The	2 Shall I III This		
(State or country) 13. NAME 14. BIRTHPLADE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT Registrar. (Address) Registrar. (Address)	year) ocsupation	Other Coutributory Causes of Importance:	
14. BIRTHPLAGE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. FILED 20. Registrar. 20. Constant of town) 11. INFORMANT Registrar. 12. Accident, sulcide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) M. D Registrar. (Address) M. D Registrar. (Address) M. D Registrar. (Address) Manner of injury in any way related to occupation of deceased? M. D Registrar. (Address) M. D Registrar. (Address) M. D Registrar. (Address) Manner of injury in any way related to occupation of deceased? M. D Registrar. (Address) M. D Registrar. (Address)			
What test confirmed diagnosis? Was there an autopsy? Land 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. MAIDEN NAME What test confirmed diagnosis? Was there an autopsy? Land Accident, sulcide, or homicide? Date of injury (Specify dity or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) (Signed) M. D Registrar. (Address) Manner of injury in any way related to occupation of deceased? M. D Registrar. (Address)		manutretion. Outh weight was	
What test confirmed diagnosis? Was there an autopsy? Land 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. MAIDEN NAME What test confirmed diagnosis? Was there an autopsy? Land Accident, sulcide, or homicide? Date of injury (Specify dity or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) (Signed) M. D Registrar. (Address) Manner of injury in any way related to occupation of deceased? M. D Registrar. (Address)	13. NAME Sycomore Shows about	seven founds. Had had a cold sines one work ofthe firther	
What test confirmed diagnosis? Was there an autopsy? Land 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. MAIDEN NAME What test confirmed diagnosis? Was there an autopsy? Land Accident, sulcide, or homicide? Date of injury (Specify dity or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) (Signed) M. D Registrar. (Address) Manner of injury in any way related to occupation of deceased? M. D Registrar. (Address)	7 14. BIRTHPLADE (city or town) Harhavery m	Name of operation Posts Date of	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. INFORMANT Registrar. 22. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, sulcide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 15. MAIDEN NAME (State or country) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or In PUBLIC PLACE. (Signed) (Signed) (Signed) (Address) M. D Registrar.	(State of country)		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address)	15. MAIDEN NAME A CONA R SKIETE		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address)	5 16. BIRTHPLACE (city or town) Hagans to the		
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 7. 19. 37 10. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Manner of injury Nature of injury (Signed) (Address) Manner of injury (Address)	≤ (State or country)	Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVAL Place Pl	17 INFORMANT Sullary stran Thomas a lock	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	
Place Property Proper			
19. UNDERTAKER (Address) Residue 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) (Address) (Address)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
(Address) Rendy and If so, specify 20. FILED 2-25, 1937 Charff Bosover (Signed) (Address)	Place Proposition Predicte 2 2 1, 1937	Nature of injury	
(Address) Rendy and If so, specify 20. FILED 2-25, 1937 Charff Bosover (Signed) (Address)	10 HADEDTAKED (1999)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 2-25, 1937 Chaff Bower (Signed) J. D. 3. M. D. Registrar. (Address) J. Lagerstone, M. D.	The state of the s		
Registrar. (Address) Jagerston , W.C.	2-25- 27 14 164	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	20. FILED 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of dear of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	NEAD 0 436	1913	Run over by street ear	1 week ago
	W. 17 18 200.			1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	8			
	The second secon			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

S. No

STATE OF MARYLAND-CERTIFICATE OF DEATH

2189

1. PLACE OF DEATH		(42)
CountyWashingto	n	Registration Dist. No. 503
Village or City Near Clears	apting.,. Md(ST. Neul® Cemetery) St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Robert Bru		
		If U. S. Veteran, specify WAR
(a) Residence: No. Big Spring	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 25 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amy Shupp	4.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June	5. 1892	I last saw h alive on, 19; death is said
7. AGE Years Months 44 8	Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation ton County	revolver shot during might of store dotted and Cemplery of St. Paul church mear Clear of importance:
13. NAME Charles A. Shup	D	
13. NAME Charles A. Shup: 14. BIRTHPLACE (city or town). Washing (State or country) Md.	ton-County	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louisa Angle		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Louisa Angle 16. BIRTHPLACE (city or town)	lvania	Accident, suicide, or homicide? Accident Date of Injury, 19 Where did Injury occur? She Gaule Wash. Cor Wid. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
		Manner of injury
Place St. Paul's Cometer Near Clearspring, 1 19. UNDERTAKER Snyder-Rowland (Address) Clearspring, May 20. FILE Dec. 2 1987.	Md. Funeral-Home	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Chao & Hensan fm (Address) Clear Strains a Md Acting Core

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - WED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NAR 7 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

		7	
0	1-1	91	18
1			IJ.
200	A	d'	1

1. PLACE OF DEATH				8230	200	
	Village or City_	shington Hagerst		ζ(If	No. 823 S. Potomac S. death occurred in a hospital or institution, give its NAM	E instead of street and number)
		77 - 2 - 7 - 7			ds. How long In U.S. if of foralgn birth?	
2.	FULL NAME	No. 823 S.			If U. S. Veteran, specify WAR	
	(a) Residence: I	No. 1020 D.	(Usual place		St., Ward. If nonresiden	at give city or town and State
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATI	E OF DEATH
3. SEX	ale 4.	White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (regite the word)	21. DATE OF DEATH Feby. 1 (Month)	7 g , 193 7 (Oay) (Year)
- 1	married, widowad, o HUSBANO of (or) WIFE of	r divorced Barah Si	nook			Y, That I attended deceased from
6. DA	TE OF BIRTH (mon	th, day, and year) F	eby. 15	, 1853	I last saw h alive on	; death is said
7. AG		Months	0ays 2	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at. 4.2.2. The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	
OCCUP	9. Industry or busing work was don SAW MILL, B. O. Oata decaased la this occupation year)	e, as SiLK MILL, ANK, etcst workad at	11. Total t spa 000	time (yaars) nt in this upation	Other Contributory Causes of importance:	
	(State or country)		Hd.		Hypotensign	1978
_		iah Snook	d d (2	N. Servi	my !
F I	4. BIRTHPLACE (city (State or cour	y or town) Wash htry)	ington (jounty	Name of operation	77
ER I	5. MAIOEN NAME	Jane Ec	kerman		23. if death was dua to axternal causes (VIOL ENCE)	fill In also the following:
15. MAIOEN NAME Jane Eckerman 16. BIRTHPLACE (city or town) Washington County (State or country) Md.				ounty	Accident, suicide, or homicide?	
17. INFORMANT Sarah Snook, (Address) Hagerstown, Md.				(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. B	URIAL, CREMATION,			19.,19.37	Manner of Injury	
19. U	(Addrass)	Fred W. K. Hagerston		Howa Registrar.	24. Was disease or injury in any way related to occulf so, specify (Signed) (Address)	ipation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Recursting V. S. No. S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NAR 8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A ADMINISTRAÇÃO DE CONTRACTOR			
Other contributory causes of importance:	0-0-01TH	Other contributory causes of importance:	1 1
Gallstones	May 1,1923	Gastroenteritis	1 year
			CARSON MAIN

B.—WRITE PLAINLY, WITH UNFADING mation should be carefully supplied. AGCAUSE OF DEATH in plain terms, so the THOM is very important. See instructions

1. PLACE OF DEATH		
County Waskington	Registration Dist. No.	302
Village or City for house with	No	St., War
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of sames. mos	
2. FULL NAME John la aligin	Still all	
(a) Residence No. Cheuseille 7.	nd. St. Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	D. 21. DATE OF DEATH	~
Male W OR DIVORCED (wire the wor	(Month) Day)	, 193 (Year)
5a. If married, widowed, or discreed HUSBAND of	22. I HEREBY CERTIFY. That I	-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(or) WIFE of Palkacea le Puls	Fut 6 197 10 77-10	attended deceased from
6. DATE OF BIRTH (month, day, end year) 45-18-5	I last saw has alive on Fred 9	, 1837; death is sai
7. AGE Years Months Days If LESS th		7
73 / 0 5 ormin		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Teleview Harry SAWYER, BOOKKEPER, etc.	Musing Myocard	1236
9. Industry or business In which	1	
SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
60. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.		
7 11.00	Other Contributory Causes of importance:	100
12. BIRTHPLACE (city or town)	Tellow nepur	(73)
in 13. NAME of the state of		
13. NAME AM TO THE STATE OF THE	Name of operation	Date of
(State of country)	What test confirmed diegnosis? Was t	there an eutopsy2
15. MAIDEN NAM 16. BIRTHPLACE (city or town) 17. Tank (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the	
O 16. BIRTHPLACE (city or town)	Aceident, suicide, or homicide? Date of injur	у, 19
17. INFORMANT Mande & Myers	(Specify city or town, county Specify whether Injury occurred in INDUSTRY, in HOME, or in PU	y and State)
(Address) Chewsvolle Mil.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Man gomeny Importe 17 the 11, 19	Nature of injury	
19. UNDERTAKER THEO TO CONTROL (Address)	24. Wes disease or injury in eny way related to occupation of dece	ased?
	(Signed)	
20. FILED Felt. W. 1937 Janet M. Mowander Seputy Registre		-19-0 - B
	istrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	1 mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(23)
	County Chashington	Registration Dist. No. 302
	Village or City Hagustons Wa	als Co. Hoskital St., 3 Ward
	(If Length of residence In city or town where deeth occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrs
	0 . 1 04.	I L O M CO WARD
	2. FULL NAME TO CAN A ORGAN	1 ca Mari
	(a) Residence: No. (Qual place of abode)	a St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 19 (Month) (Day) (deer)
	5a. If merried, widowed, or divorced HUSBAND of	NEW YORK TO SEE THE PROPERTY OF THE PROPERTY O
	(or) WIFE of	22. HEREBY CERTIFY. That I attended decessed from
	6. DATE OF BIRTH (month, day, and year) Manale. Q. 1991	lest say h / M alive on 4 4 / 9 ,1937; deeth is said
Car	7. AGE Yeers Months Deys II LESS then	to heve occurred on the dete stated above, etm.
	45 // // // lay,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
2	Trade profession or particular	Milesy Tuberculoses ?
5	SAWYER, BOOKKEEPER, etc.	a Caseous Pheumonia 74143
Jack	work wes done, es SILK MILL, SAW MILL, BANK, etc	Pl. 1112 - T. 122 - 122 162
E	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9- Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decesed last worked at this occupation (monty) and spant in this	Jeening - Junearing 175
us c	year) Os-1-23-7 occupation	Other Contributory Causes of Importence:
instructions on dack	12. BIRTHPLACE (city or town) Kearman State (State or country)	Oligi Caminatory Casas of Importance.
ust	13. NAME John D. Stine	
aac 1	14. BIRTHPLACE (city or town) Managamente	Neme of operation followed . Lapuro Y Date of 7 1/1-37
	(State of Country)	Whet test confirmed diagnosis Clin # Lat Was there en autopsy? 206
ant.	16. BIRTHPLACE (city or town) Sharpsburg	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
ort	5 16. BIRTHPLACE (city or town) Sharparuse	Accident, sulcide, or homicide?
ımportant	(Stete or country) Washing Commid-	Where did injury occur? (Specify city or town, county and State)
1 1	17. INFORMANT And The Struce	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
13	Piece Domatro Mel Dete Late 22., 1937	Nature of Injury
ION	19. UNDERTAKER DW 3- B ALA SOL	24. Wes disease or Injury In any way releted to occupetion of deceased?
-	(Address) Sometime Md.	If so, specify hove
	20. FILED 2-20-1937 Machtones	(Signed) - Allohar. M.D.
	Registrar.	(Address) Boous How, My

V. S. No. 1

-WRITE PLAINLY,

ARGIN RESERVED

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Att	STATE OF WARTLAND	CENTILICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
ould occu	county Nashanaton	Registration Dist. No. 382
should of OCC	And And to see the second of the second of the second	No Wash Co Hospital . a 3 was
7 0	Village or City Ticay ex S.T. bun.	death occurred in a horpital or institution, give its NAME instead of street and number)
at Sy	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
Every CIANS ement	2. FULL NAME John V. Stottlemer	1 € Υ
AD. Every YSICIANS statement	(a) Residence: No. Vivainia Ave.	St. 2 Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E A	Male OR DIVORCED (write the word)	(Month) (Day) (Year)
T I Ed.	5a, if married widowed or divorced	(month) (bay) (teal)
BINDING PERMANEN EXACTI by classified.	HUSBAND of (or) WiFE of	22. HEREBY CERTIFY, That I attended deceased from
ND NA NA Slass		1937, 10 Tell, 193/
BI E E E ,	6. DATE OF BIRTH (month, day, and year) \wideharmon 2 b - 1935	i last saw Manager alive on 2016 7 1987; death is sai
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
FOR IS A I stated properl ertifica	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
- 70	9 Toda profession or postiguitar	Date of onse
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
RVI	9. Industry of business in which	(cute de has buenone
ERV. VK—T should it may n back	SAW MILL, BANK, etc	
S T S		V
ARGIN RES NFADING I. pplied. AGE erms, so that instructions of	year) occupation	Other Contributory Causes of importance:
F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. BIRTHPLACE (city or town) Haally Stown	
AI AI S, 18	(Slate or country)	
ARGIN INFADI pplied. erms, so instruct	# 13. NAME Solu O. Stollemeyer	
2 D # 3 "	13. NAME Some O. Stolle meyer 14. BIRTHPLACE (city or town) Hagar Stoyen	Name of operation Dete of
H . I W	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITJ carefully H in pla	15. MAIDEN NAME PRAY JAUMEN 16. BIRTHPLACE (city or town) News U. Ne	23. If death was due to external causes (VIOLENCE) fill in also the following:
LY, WI he careful EATH in p	16. BIRTHPLACE (city or town) Name 11: 11 &	Accident, suicide, or homicide?
LY, e car ATH nport	(State or country) md.	Where did Injury occur?
imp	Solve O. Statt Comerces	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PL-A hould OF DI	17. INFORMANT JOURS - STORT Lemeyer (Address) Hangy Stoum Lever	
S PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
三 日 当	Plate naver leu led Date 1 ets 4 1,1937	Nature of injury
WRITE mation s	AK COSS	
TESE	19. UNDERTAKER (). (Address)	24. Was disease or injury in any way related to occupation of deceased?
ž m	9 / 99 / 9/11/	if so, specify
S Z	20. FILED. 20 , 19.20 [10.00]	(Signed) M
Part.	Registrar.	
Mather	aj more vianas are needea, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 200			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-2
County Washington	Registration Dist. No. 305
Village or City Bedure Creek	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. il ol loreign birth?yrsmosds.
2. FULL NAME Mary Tenelia, S	THE ONLY SAME PRITE, SPECITY WAR
(a) Residence: No. Bears Creek	St., Wod.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND 01 Josephus Stattlemyer	22. THEREBY CERTIFY. That Lettended decassed from 13 1937.
6. DATE OF BIRTH (month, day, and yeer) Marca 22. 18.5	I lest saw h. E.C. allve on 7 4 , 1937; deeth is said
7. AGE Years Months Days 11 LESS than 1 day,hrs.	to have occurred on the data stated above, at \(\begin{align*} \begin{align*} 30 \\ \begin{align*} -P_c \\ \mathrm{m} \end{align*} \]
00 0 23 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dealto premonte ful 3-37
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 1D. Data deceased last worked at this occupation (month and year) spant in this occupation (cupetion occupation)	
2	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Courad Detrow	
14. BIRTHPLACE (city or town) Beaver Creek	Neme of operation Trove Date of Trove
(State of country)	What tast confirmed diegnosis? Clusical Was there an au'opsy? Lio
15. MAIDEN NAME Chuelia House 16. BIRTHPLACE (city or town) Beauer Creek	23. il deeth wes due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Seaves Creek (State or country)	Accident, suicide, or homicide?
Co. Ma.	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT CAUCHT (Address)	Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar ol injury
Piace Deauer Creek Data John 1 81 , 19.37	Nature of injury.
19. UNDERTAKER ITUCH DONALOW	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Booms md.	If so, specify
20. FILED Pale 181, 1937 William & Registrar.	(Signed) (Address) Boouthoro rud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1931	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-CERTIFI	CATE	OF	DEATH
----------	-------	-------------	------	----	-------

2105

1. PLACE OF DEATH	947
County YVashingToN Village or City Ceay Soss.	No. Registration Dist. No. St., War
and (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME M; SS Lora V. Stouffe.	If U. S. Veteran, specify WAR
(a) Residence: No. Cearfoss (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. C.	21. DATE OF DEATH Fully 28 193 (Month) (Oay) (Year)
ia. If married, widowad, or divorced HUSBANO of	22. / I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of	Jan 10 ,1927, 10 Vely 28, 193,
5. DATE OF BIRTH (month, day, and year) Febu 28 - 1864	Ylast saw h. La. elive on 26, 19.37; daath is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
73 - 10ay,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of one:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	arter Felovon
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Hay at S	Other Contributory Causes of importance:
13. NAME Andrew Store S-5-ex	
13. NAME (Thay en Stous-5-ex 14. BIRTHPLACE (city or town). Beaver Creek (State or country)	Name of operation
15. MAIDEN NAME a trevine Gouter	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME attering Course	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alice M. Stou Hev (Address) Caux Foss md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Droad for ding Data Mice 2 , 1937	Manner of injury
19. UNDERTAKER A. IS. C. o. S.S. mare (Address) Hayer Stoum Tus	24. Was disease or injury In any way related to occupation of dacassed?
20. FILEO March 1 1937 Janet M. Miswander	(Signed) A Maypo M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1907	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 BURGAN V. W.			THE REAL PROPERTY.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46:30 X
County Wash Go	Registration Dist. No. 302
Village or City Hagers own	No. 8810 ccc St., 2-Ward
Length of residence in city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
1 5000	11/2
2. FULL NAME Lalle Daphia D	2
(a) Residence: No. 8 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH, 7 193 7
5a. If married, widowed, or divorced	(Month) (Deỳ) (Year)
HUSBAND of Sengle	22. THEREBY CERTIFY Than I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 16 1921.	I last saw h 20 alive on 2 & 6 19 3 7 death is said
6. DATE OF BIRTH (month, day, and year) Jan 1971. 7. AGE Yeers Months Days If LESS than	I last sew h
16 0 21 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	- Du
SAWYER, BOOKKEEPER, etc.	retropertoned parcoma
9. Industry or business in which work was done, as SILK MILL,	unds metasten to
SAW MILL, BANK, etc	The lung ?
O this occupation (month and spent in this year) occupation	
24 agent France	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) + agent Lower (State or country)	
2 13, NAME Hubert Stover	
I Sha la for	Name of operation Date of
I4. BIRTHPLACE (city or town) 100000000000000000000000000000000000	What test confirmed diagnosis? Was there en eutopsy?
# 15. MAIDEN NAME Lillie Biogr	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
E IS DISTURDANCE OF THE SECOND	Accident, suicide, or homicide? Dete of injury, [9
16. BIRTHPLACE (city or town) Dreen calle (State or country)	Where did injury occur?
William to Ottor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 881 Pin + Ha goldom, md	-
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Manor Gently Date Hell 10, 1931	Nature of injury
19. UNDERTAKER Mt Or Reichard	24. Was disease or injury in any wey related to occupation of deceesed?
(Address) Waynes bord of	If so, specify
20 5450 3 - 10-037 Chatter Baccian	(Signed) V rather MD
20. FILED Registrar.	(Address) farent own Wo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAP 8 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1821 4

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(18)
County Washington	Registration Dist. No. 502
Village or City Haage Ystown	No. Wash Co Hospital. St. 3 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MYS HERRIE SUM	1 U. S. Veteran, specify WAR
(a) Residence: No. 129 Ja SS-Ryson St	
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	
(or) WIFE of C. Earl.	22. HEREBY CERTIFY, Thet attandad daceasad from
	teb 15 1937, to tel 2/ 1937
6. DATE OF BIRTH (month, day, end year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	llast saw h. Or. alive on TAG 30 , 19.37 ; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importanca
5 1 5 ormin.	ware as follows: Date of onset
kind of work done, as SPINNER.	P 0 0
	Jobas J. Mennin Teb 7
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
= 0 10. Data deceesed jast worked at 11. Total time (years)	
this occupation (month and 1937. spant in this yaar) 1937.	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) TT1: ddlatown	Other Controllery Canes of Importance.
yaar) 1-2134 1931 occupation 5475 12. BIRTHPLACE (city or town) TTI: dd latown (State or country) 13. NAME Beni Ford	
E 13. NAME Beni Ford.	
13. NAME Seni Ford 14. BIRTHPLACE (city or town) Thiddletown (State or country)	Nema of operation
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?_U.o.
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) THE DEVS USING	23. If death was due to external causas (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) W Devs U: 11-	Accident, suicida, or homicide? Data of injury, 19
(Stata or country)	Where did injury occur?
17 INFORMANT Earl Summers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown wed	L.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) The Levis Using the Control of the	Mannar of injury
	Nature of Injury
19. UNDERTAKER A-K, Coff man	24. Was dicease or injury in any way related to occupation of deceased?
(Addrass) Hagerstown, hid	If so, specify
20. FILED 2 - 23 - 1937 Charf Bowers	(Signed) E.T. Cample 11 M.D.
Registrar.	(Address) Hagerstann New

B.-WRITE PLA N. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	--------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2199
1. PLACE OF DEATH,	(Ali	
county Washington	Registration Dist. No. 32) 7-
Village or City ta q ex stown	No. Downsuille Pite st.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Jacob Raymond The	mas If U. S. Veteran, specify WAR	
	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male white married (write the word)	(Month) (Day)	, 193 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended	deceesed_from
(or) WIFE OF CULLIUS.	5 JU 9 1970 0 5 JU 100	, 19
6. DATE OF BIRTH (month, day, and year) Nov 15-1913		; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importence	
8. Trade, profession, or particular	were as follows of the Manual Line	Date of ensit
Kind of work done, as SPINNER, - Q Y YM & Y	Company trouble	1-000
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year)	00	
12. BIRTHPLACE (city or town) A a a ay sto un (State or country)	Other Charibelary Causes of Importance Chariban Causes of Importance Charitan Charitan Causes of Importance Charitan Cha	1 11110
E 13. NAME Sacob Thomas	A. A.	
13. NAME Sacob homes 14. BIRTHPLACE (city or town) Fair play	Name of operation	
(State of country)	Whet test confirmed diagnosis? Was there an a	
15. MAIDEN NAME THE TROWN ON 15. MAIDEN NAME THE TOWN OF THE AUGUST OF OF THE AUGUS	23. If death was due to external causes (YIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 17
17. INFORMANT Jacob Thomas	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
(Address) Ha a ex sto un lud	Manner of lating	
Plecare Many Cem Date F eloup 23, 1927.	Manner of Injury	
19. UNDERTAKER H. S. Co SSman	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED 2 - 22 - 1937 10 1857 10 00000	(Signed) (Address)	M. D.
Registrar. If more blanks are needed, address State Registrar.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1031	11		
JAN 9	1,3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
--------------------	-----	---------	------------	---------------	-----------

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE PLAINLY, WITH UNFADING	mation should be carefully supplied. AG	CAUSE OF DEATH in plain terms, so th	TION is very important. See instruction

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2200
1. PLACE OF DEATH	82-a
County Washington	Registration Dist. No. 307
Village or City Sandy Hoofs	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsmosds.
0.1 80, 7, 40	ISOM If U.S. Yeteran specify WAR.
(a) Residence: No. X anoth thousand	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (murite the word)	21. DATE OF DEATH Self- 15 193.7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I AEREBY CERTIFY, That I aftended deceased from
6. DATE OF BIRTH (month, day, and year) 8 900 14-1859	I last saw hour alive on Arel 1,5 19.7.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11500, m.
77 3 / Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8 Trede, profession, or particular kind of work done, as SPINNER CULT (JNSASCLOV B. R.	A A A
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	Chresial Hemoningo Hebits
work was done, as SILK MILL, B + ORR	
10. Date daceased last worked at this occupation (month and year) - 72 - 100 -	
12. BIRTHPLACE (city or town) Wash Co Mol. (State or country)	Other Contributory Causes of importance:
13. NAME Michel Champeson. 14. BIRTHPLACE (city or town) Mash Commerce Michel. (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME JULY NETWORK 16. BIRTHPLACE (city or town) Wash & Ma' (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT 1. J. Shomusson (Address) News Villa Ma)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sary Les Trans Med Date Feb 18, 1932	Manner of injury
19. UNDERTAKER A BOSCOCK MILES (Address) BOSCOCK MILES	24. Wes disease or injury in any way related to occupation of decaased?
20. FILED Feb 19th, 19 Cornelius It. Castle	(Signed) Melledur Schraußle M.D. (Address) De Trad Schraußle M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Janil V. S.	A reprise		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

6	60	13	- 40
7.3	03	6.3	- 2
1	1	1.0	- 1
Pest	20	V	J

1. PLACE OF DEATH				95-6)	,	
County	Wasningto	n		Registration Dist. No. 3 0	/	
Village of the Pinesburg						
Length of resid				NoSt., f death occurred in a hospital or institution, give its NAME instead of street and gds. How long in U.S. if of foraign birth?mc	aumber) osds.	
2. FULL NAI	ME George	W Turner	?	If U.S. Veteran specify WAR		
(a) Residen	ce: No. Pinesb	Urg (Usual place	(abode)	St., Ward. If nonresident give city or town and	State	
PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
Male	4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED L'arri	(write tha word)	21. DATE OF DEATH February 22 (Month) (Day)	, 193 _ 7	
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced FannieLucu	S		22. I HEREBY CERTIFY, That I attended	daceasad from	
		December	אראר וו	, 19, to		
7. AGE Year	, , - , - , - , - , - , - , - , - ,	December	4 1878	I last saw h aliva on, 19, 19, to have occurred on the date stated above, atm,	.; daath Is said	
53	2	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
kind of w SAWYER, 9 Industry or I work was SAW MIL 10. Date decease this occur yaar)	y or town) Lurra try) Virgin	11. Total tin)	Other Contributory Causes of importance:		
(Stata or		ina		Name of operation Date of What test confirmed diagnosis? Was there are a		
15. MAIDEN NAME DON'T KNOW 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Fannie Turner (Addrass) Finesburg				23. If daath was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Whare did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:	
18. BURIAL, CREMATI	on, or removal rerstown Md		25,1037	Manner of injury Nature of injury 24. Was disease or injury in any way ralated to occupation of daceased? If so, specify (Signed) Hours L. Horsel J. (Address) Millianus fort m	p. 400	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Exa	mple I	-	• Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	****	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 9 193:	1921	Run over by street car	1 week ago
Cercbral hemorrhage		July 5, 1927	Peritonitis	3 days ago
, y	- 1/4 () 1/4			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2202
1. PLACE OF DEATH	210-100 314
County Manualous	Registration Dist. No.
Village or City & Mice COO	St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
. //	Ads How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Oparles M. Mac	Chile At U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH 203
Il assed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Or WIFE of Married Williams And Order Orde	72. I HEREBY CERTIFY, Thet I attended deceased from
Onx 8 1905	11ast sew h eliva on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 120 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Toda refereica or postivular	were as follows:
8 Treda, profession, or perticular kind of work done, es SPINER on SAWYER, BOOKKEPPE	Fraction of Scall
kind of work done, es SPINDER OAT 9000. SAWYER, BOOKKEEPE OAT 9000. 9. Industry or businass in which work was dona, as SILK MXL. SAW MILL, BANK, etc. 10. Data dacaased last worked at 11. Total time (years) 2.44	automobile accident, on Route 40, public higha
O this occupation (month and spant in this)	ty marylande Custs
12. BIRTHPLACE (city of Kowy) 17 Mars Co Tha	Other Contributory Causes of importence:
(State or country)	automobile acident
13. NAME I CLUST CONTROL OF THE TACKLES	
14. BIRTHPLACE (city or towns) (Steta or country)	Name of operation Date of
	What test confirmed diagnosis? Was thara en autopsy? Was that a was that was that a was that a was that a was that a was that was that was that a was that
E STORY	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Whare did injury occurs na thencock the shireton County manufactor
17. INFORMANT / La Murray ()	(Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OB REMOVAL	in Juble place - Ponte 40. Juble Righway
Pla Ber cles Junias Date 2 - 2 10, 1037	Menner of injury Systematile occidents
19. UNDERTAKER 29 Loukins	24. Wes disaase or injury in eny wey reletad to occupetion of deceased?
(Address) Naki Cocks mg	If so, specify Willer Coroner
20. FILED 2-24, 1937 18 Jenkins Registrar.	(Signad) / Mario le pred
If more Manks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation,—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 7 1937	1		
Other contributory causes of importance: .		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SAW MILL, BANK, etc. 10. Date deceased lest worked to this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (cfty or town) 14. BIRTHPLACE (cfty or town) 15. BIRTHPLACE (cfty or town) 16. BIRTHPLACE (cfty or town) 17. Date of Name of operation Name of operation Name of operation Date of		STATE OF MARYLAND—	CERTIFICATE OF DEATH 2203
County / Additional part of residence in growth part of the part of residence in growth part of residence in growt		1. PLACE OF PEATH	210-00
Langth of residence in grysusophy where yearth occurred 1. Langth of residence in grysusophy where yearth occurred 2. FULL NAME (a) Residence: No. (b) Unuplained a Society PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCE, MARKED, WIDOWERS 3. SEX 4. COLOR OR RACE S. SINCE, MARKED, WIDOWERS 3. SEX 4. COLOR OR RACE S. SINCE, MARKED, WIDOWERS 3. H. married, widowed, or glivoreded HUSRANO of Convince the work of the State of Convince the State of Convince the Work of the State of Convince the Work of the State of Convince the Sta		County Washington	
Langth of residence in gby-guide, where seeth occurred yr and land land land land land land land		Village or City Andelock	
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residenc			
(a) Residence: No. (b) Classifiace of abode) St. Ward. (f) Innomerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, MIDOWED) So. If married, widowed, dy-divorced (in) Wife of Mark (in)		All Carolles	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGE, MARRIED, WIDOWED OR DIVORCED (wnic the word) 53. HY married, widowed, or divorced HOSAND of		e face for	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWER OR DIVERSION OF DEATH AND COLOR OF RACE S. SINGLE, MARRIED, WIDOWER OR DIVERSION OF DEATH AND COLOR OF RACE S. SINGLE, MARRIED, WIDOWER OR DIVERSION OF CONTROL OF SINGLE AND COLOR OF RACE S. SINGLE, MARRIED, WIDOWER OR DIVERSION OF COLOR OF RACE S. SINGLE, MARRIED, WIDOWER OR S. SINGLE, MARRIED, WIDOWER, S. SINGLE, MARRIED, WIDOWER OR S. SINGLE, MAR		(Usual place of abode)	If nonresident give city or town and State
Sa. If married, widowed, or divorced Hispanian and Color of the Color			~ _
HUSBAND Of (or) WHE of (or) WH			Tet. 20 193
S. DATE OF BIRTH (month, day, and yest) M. 9 7. AGE Years Month's Days II LESS than I day, hrs. To perfect on the date stated above, W. 1.2.C.m. 1 day, hrs. Trade, profession, or particular of the date stated above, W. 1.2.C.m. 1 day, hrs. To perform the date stated above, W. 1.2.C.m. 1 day. The date of perform the date stated above, W. 1.2.C.m. 1 day. The date of perform the date stated above, W. 1.2.C.m. 1 day. The date of perform the date stated above, W. 1.2.C.m. 1 day. The date of perform the date stated above, W. 1.2.C.m. 1 day. The date of perform the date stated above, W. 1.2.C.m. 1 day. The date of perform the date stated above, W. 1.2.C.m. 1 date of perform the		HUSBAND of ADV	22. HEREBY CERTIFY, That I attended deceesed from
7. AGE Years Months Days II LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work dome as SPHOUR. And the standard w		my rue // Nacuus	
Rind of work done, as SP PT REPROVANCE REPROVANCE BY SAWYER, BOOKKEEPER, 194 9. Industry or business in which work was done, as SILK MED SAW MILL, BANK, etc. 10. Date deceased lest workeyest this occupation (manus and a special service) and service special services and servic	ate.		about 1/201
Rind of work done, as SP PT REPROVANCE REPROVANCE BY SAWYER, BOOKKEEPER, 194 9. Industry or business in which work was done, as SILK MED SAW MILL, BANK, etc. 10. Date deceased lest workeyest this occupation (manus and a special service) and service special services and servic	rtific	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
The properties of importance: 12. BIRTHPLACE (city or town)	of ce	8. Trade, profession, or particular kind of work done, es SPINUR SAWYER, BOOKKEEPER, etc.	Broken Neck.
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. IS BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. City or town Other Contributory Canses of importance: Other Cont		9. Industry or business in which work was done, as SILK WITH	
Name of operation. Date of. What test confirmed diagnosis? Was there an autopsy? Date of. What lest confirmed diagnosis? Was there an autopsy? Date of. What lest confirmed diagnosis? Date of. What lest confirmed diagnosis? Date of injury Job. 23.4 death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide			1.4.
Name of operation. Date of. What test confirmed diagnosis? Was there an autopsy? Date of. What lest confirmed diagnosis? Was there an autopsy? Date of. What lest confirmed diagnosis? Date of. What lest confirmed diagnosis? Date of injury Job. 23.4 death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide	tions	lon 10 april	Other Contributory Canses of importance:
Name of operation. Date of. What test confirmed diagnosis? Was there an autopsy? Date of. What lest confirmed diagnosis? Was there an autopsy? Date of. What lest confirmed diagnosis? Date of. What lest confirmed diagnosis? Date of injury Job. 23.4 death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide	struc		automobile suident
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER 19. UNDERTAKER Was there an autopsy? 23. M death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury Fed. 23. M 19.37. Where did injury occur? Accident. Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. In public place. Was there an autopsy? Accident, suicide, or homicide? Accident. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. In public place. Notice of injury 19. UNDERTAKER 24. Was disease or injury in any way releted to occupation of deceesed? 24. Was disease or injury in any way releted to occupation of deceesed?			Name of operation Date of
(Specify city or town, county find State) 17. INFORMANT 11. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 2 18. BURIAL, CREMATION, OR REMOVAL) Place State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER 24. Was disease or injury in any way releted to occupation of deceesed?	Se	(State or country)	What test confirmed diagnosis? Was there an autopsy?
(Specify city or town, county find State) 17. INFORMANT 11. Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 2 18. BURIAL, CREMATION, OR REMOVAL) Place State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER 24. Was disease or injury in any way releted to occupation of deceesed?	nt.	15. MAIDEN NAME Jessel M allorigh	
(Specify city or town, county find State) 17. INFORMANT 11.5 (Address) 2 accept 12.5 (Address	rta	16. BIRTHPLACE (city or town)	
17. INFORMANT (Address) 12 (Address) 12 (Address) 18. BURIAL, CREMATION, OR REMOVAL) 18. BURIAL, CREMATION, OR REMOVAL) 19. UNDERTAKER 19. Quelles 2 - 26, 1937 Neture of injury 19. UNDERTAKER 19. Quelles 2 - 24. Was disease or injury in any way releted to occupation of deceesed?	m pc	(State or country)	Where did injury occur? mrs. Hancock, Whishington County man faish. (Specify city or town, county and State)
Place Straining Dete 2 - 2 6, 1937 Neture of injury 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury in any way releted to occupation of deceesed?			11.
19. UNDERTAKER I Culture of 24. Was disease or injury in any way releted to occupation of deceesed?		18. BURIAL, CREMATION, OR REMOVAL . W. 2	Manner of injury Stretamabile recidents
19. UNDERTAKER (Address) Haucocic Md. If so, specify Africa Company of the control of the contro		1 Description	
	I		
20, FILED 2-24 103 2 8 Leus Civis (Signed) Millagel V Crylley Com		and A di	(Signed) Millagely Orgelley Consu
Registrar. (Address) All College Tolks. If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. x.		Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 wear

STATE OF MARYLAND-CERTIFICATE OF DEATH

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
UP	1. PLACE OF DEATH	(131)
OCCUP	county Washington	Registration Dist. No. 30 2
0	Village or City Tuy Cy Stown.	No/1270 Potomac. St. 5 Ward
of	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
int	Length of residence In city or town where deeth occurred	ds. How long In U.S. if of foreign birth?yrs,mos,ds.
еше	2. FULL NAME DY JUNION IT West	1f U. S. Veteran, specify WAR.
statem	(a) Residence: No. 115 70 Potomac	O St., 5 Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
回	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fell 7 3
Ď.	Married married	(Month) (Oay) (Yvar)
classified	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. J HEREBY CERTIFY, That I attended deceased from
lass	(a) with 13.	art. 11 ,1936, to 726. 23 ,1937
re.	6. DATE OF BIRTH (month, day, end year) - epg 20 - 1873.	I last saw h Loss elive on 7-46.23 ,19.37; death is said
properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.35 / m.
rtif	64 — 3. 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
	8. Trade, profession, or particuler kind of work done, as SPINNER,	Chronic Interstited Nophester 1934
be of	SAWYER, BOOKKEEPER, etc.	
may	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
t it r	O 10. Date deceesed last worked at 11. Total time (years)	Central Barmonhage 2.18.37
43 0	this occupation (month and 3 coccupation 304 xs	J
the tion	12. BIRTHPLACE (city or town) Center v: 1/e	Other Contributory Causes of Importance:
s, so ructi	(Stete or country)	
terms, so that instructions	II 13. NAME HEMYY DV. ext3.	
ده خه	14. BIRTHPLACE (city or town) Center Colle	Name of operation Name Dete of
plain t	(State or country)	What test confirmed diegnosis? Clinical Wes there en eutopsy?
in pant.	15. MAIOEN NAME Mary Flyn May	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
	15. MAIOEN NAME Nary Him III ay 16. BIRTHPLACE (city or town) Cecutes Ville (State or country)	Accident, suicide, or homicide? Date of Injury19
AT.	∑ (State or country)	Where did injury occur?
DEATH y import	17. INFORMAN Mrs. J. M. West 2	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
F]	(Address) Hogerstoung Zu	
E 0	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
SZ	Plece 1 4 4 4 7 5 TO 40 M M WDate 1 A 24 A 2 , 19-21	Nature of injury
CAUSE OF TION is ver	19. UNOERTAKER 4-18, Coffman	24. Wes disease or injury In any wey related to occupation of deceased?
	(Address) Haglerstown rus	If so, specify from the specific of the specif
	20. FILED 1 - 23- 19.37 (SHALF HOUSEN)	(Signed) Vellation M. D.
	Registrar.	(Address)

V.S. No. 1

stated EXACTLY. PHYSICIANS should state

FOR BINDING

ARGIN RESERVED

AGE should be

mation should be carefully supplied.

of infor-

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 7077	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	4-1-4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PLACE OF DEATH County Work,	STATE OF MARYLAND STATE OF DEATH
OTHER CORPS ATE LIMITE OF	Registration Dist. No. 302
Village or City / togsstwn (Ng. 27 L.)	St.: Ward) St.: Ward) a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED 1 160. (Write the word)	16 DATE OF DEATH ————————————————————————————————————
6 DATE OF BIRTH Act. 7th, 1937 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 1927, thet I last saw help alive on 196. 7
7 AGE If LESS than 1 day / hrs. ds. or min.?	and that death occurred on the dete stated above, at 5 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Haglos Hom With	Contributory Secondery Dujation Justin Mos de.
10 NAME OF FATHER VENNY SKENARAM — 11 BIRTHPLACE OF FATHER (State or country) Dans, W. Va	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 12 MAIDEN NAME OF GRATCE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
(Informant)	if not et place of death?
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2-9- 1923 Tolland Registrar	20 UNDERTAKER ADDRESS
If more branks are needed, address State Registra	r, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Lauvice Court, and the duties of the en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be abtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2206
1. PLACE OF DEATH,	(B)
county VVashi naton	Registration Dist No. 30 Z
Village or City + Q ger stown.	No. 954 Mulberry Hv St. 4 Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
M.11. 200 11	1.4 ds. How long in U.S. if of foreign birth? 1 yrsmosds.
2. FULL NAME I lelie MI, young	If U. S. Veteran, specify WAR
(a) Residence: No. 1200MS P. Fra Mc	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	-ep 2 15 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY Than attended deceased from
RENN OIN TY.	197
6. DATE OF BIRTH (month, day, end year) 7 0 2 5- 18 3	I fest saw be alive on 192 ; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
63 9 18 ormin.	were as follows: Date of oneet
8. Trade, profession, or particular kind of work done, as SPINNER,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SAWYER, BOOKKEEPER, etc	THE WALLES
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occurrent in (month and company) spent in this	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (year) 4.3 1 cocupation (year)	
this occupation (month and 937 spent in this occupation) 475,	Other Coatributory Causes of Importances
12. BIRTHPLACE (city or town) Fraukty ich	Deally Healt
(State or country)	10 10 10
13. NAME Trederick Rehler	
13. NAME Trederick Kehler 14. BIRTHPLACE (city or town) Frederick	Name of operation Date of
(State of country)	What test confirmed diagnosis? New T-MANAGE Was there an autopsy?
15. MAIDEN NAME A delia Sumau 16. BIRTHPLACE (city or town) F. Yedex ich	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tydex i Cl	Accident, suicide, or homicide?
Con so E 1/2	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANDERS OF A MILE.	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place rederich New Date 364 (193/	Nature of injury
A.IS Cossman	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) + QUEY STOWN. ULD	If so, specify AMAMALIA QASTA
20. FILED 2-17- 1937 10 hast Bowers	(Signed) / M. D.
20. FILED Registrar.	(Address) - A. M. M. A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Othon contributory course of inventory					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

1. PLACE OF DEATH	MARYLAND-	
County Washing	rton	Registration Dist. N
Village or City Big Poo		No. Registration Dist. N
	(1	death occurred in a hospital or institution, give its NAME instead
		sds. How long In U.S. if of foreign birth?y
		anIf U. S. Veteran, specify WAR
(a) Residence: No. Big Pool	(Usual place of abode)	St., Ward. If nonresident give city
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wood OW	21. DATE OF DEATH February 5 (Month) (D
5a. If married, widowed, or divorced HUSBAND of Alonzo Zimme (or) WIFE of Alonzo	erman	22. I HEREBY CERTIFY, The
6. DATE OF BIRTH (month, day, and year) Aug	. 24. 1862	1 last saw her alive on Felt, 5,
7. AGE Years Months 5	Days If LESS than 1 dey, hrs.	to have occurred on the dete steted above, et 5; OOAm The PRINCIPAL CAUSE OF DEATH and releted ceuses of immure as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Gute Myo carde
- I ma occupation (month and	11, Total time (yeers) spent in this	
12. BIRTHPLACE (city or town) Washing (State or country)	ton County	Other Contributory Canace of importance:
13. NAME David Repp		
14. BIRTHPLACE (city or town) Washin	gton County	Neme of operation None What test confirmed diagnosis? None
15. MAIDEN NAME Rebecca -		23. If death was due to external causes (VIOLENCE) fill in also
15. MAIDEN NAME Rebecca - 16. BIRTHPLACE (city or town) Washin (State or country) Md	gton County	Accident, suicide, or homicide?Dete of
17. INFORMANT Urs. Glennie (Address) Big Pool. M		(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or
18. BURIAL, CREMATION, OR REMOVAL PIece Shanktown, Md.		Manner of injury
19. UNDERTAKER Snyder-Rowlan (Address) Clearspring,	d Funeral Home	24. Was disease or injury In any way related to occupation of
20. FILED 2017 - 19.3.7	W. Muyay	(Signed) David Of Ogre

If more blanks are nee

	Registration Dist. No. 303
77.0	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign blrth?
la Zimmerma	
eplace of abode)	St., Ward. If nonresident give city or town and State
RTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH February 5 (Month) (Day) (Yeer)
n	22. I HEREBY CERTIFY. Thet I attended deceased from 1936, to Fell 5, 1937
, 1862	I lest saw here alive on Felt. 5, 1937; death is said
If LESS than 1 dey,hrs. ormin.	to have occurred on the dete steted above, et. 5: OOA m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: Date foncet
lork	Sulmonary Edema / hour
otal time (yeers) spent in this occupation	V
County	Other Contributory Canage of importance: (Internal Melevous 1930
County	Neme of operation Dete of
	23. If death was due to external causes (VIOLENCE) fill in also the following:
County	Accident, suicide, or homicide? Dete of Injury, 19
ve r	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
eb. 7 ₁₉ 3	Manner of injury
neral Home	24. Was disease or injury In any way related to occupation of deceased? His
Musiay Registration	(Signed) David of Grewer M.D. (Address) Clear Sparing Mo.
ded address State Penistras	2411 N. Charles Street Baltimore Paguartem 7) S. Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE PARTY OF THE P				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			•	